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ADMINISTRATION FUNDING PROPOSALS FOR DRUG TREATMENT AND DRUG EDUCATION PROGRAMS

HEARING

BEFORE A

SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

SPECIAL HEARING

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ADMINISTRATION FUNDING PROPOSALS FOR DRUG TREATMENT AND DRUG EDUCATION PROGRAMS

THURSDAY, JANUARY 29, 1987

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 9:30 a.m., in room SD-138, Dirksen Senate Office Building, Hon. Lawton Chiles (chairman) presiding.

Present: Senators Chiles and Burdick.

Also present: Senator D'Amato.

NONDEPARTMENTAL WITNESSES

OPENING STATEMENT OF SENATOR CHILES

Senator CHILES. Good morning. On Tuesday night in the State of the Union Message, the President said:

> There is one more thing we cannot let up on. Let us redouble our personal efforts to provide for every child a safe and drug free environment. If the crusade against drugs succeeds with our children, we will all defeat that scourge all over the country.

I agree with that statement. The statement, however, contrasts sharply with the President's budget proposal which cuts drug education funding by $100 million and provides a fair funding request for drug treatment. Overall, the administration has proposed just under $1 billion of reductions for the 1987 drug budget for all law enforcement, drug prevention, education and treatment focused on the drug war. It cuts the drug budget by 23 percent. It cuts the special antidrug abuse funding that we provided last October by 54 percent.

Many of us in the Congress have concerns about these proposed reductions. I remember well when we were passing the antidrug proposal last October. Much of the statements in the press and otherwise were questions of: Is this an election ploy; is this something that Congress and the administration are simply doing because we have an election out there and everybody wants to say how serious they are and what they want to do on drugs.

To a lot of us, it was not that, and I guess the rest of us are going to get a chance to show whether it was or not when we see about replacing this money and whether we are serious or not. All of us took great credit, the admininstration and the Congress, and all of us went home and patted ourselves on the back on the tremendous job that was done. The ink is not dry on the bill before we see now the cutback that is being made on this effort.

Well, as I say, we will now get a test to see whether the Congress is serious about this, if Congress restores the money and if the administration is serious about this. The recent national polls show that the American people list illegal drugs as the Nation's biggest problem. The polls point out that the biggest gap in the overall drug policy is for adequate treatment and education.

I know that I have, and I am sure Senator D'Amato has in his State, time after time asked law enforcement officials what is the tool that we can give you? What is the most important thing that we can give you to help you fight the war on drugs? I have been surprised to find, where it was a small county sheriff or a major police chief at one of our major metropolitan areas, the answer was always we need some more men. We can use them, and we need some more equipment. Help us educate children as to the danger of drugs. If we do nothing on that demand side, we will never, never, never be able to get on top of this problem.

So when you find that coming from your law enforcement people, it gives you some idea as to what the importance of education is. We know that the demand is there for these programs in drug treatment and education. According to the annual high school survey prepared by the National Institute on Drug Abuse, 61 percent of high school students who graduated in 1985 have used illicit drugs; 17 percent have tried cocaine. Over the last 3 years, requests for cocaine abuse treatment have increased 600 percent nationwide.

In Florida, even with their interdiction efforts, there is twice as much cocaine on the streets. It is pure. It is one-half the cost of last year. With the emergency and free base cocaine, crack, at its cheap price per hit, cocaine is no longer the drug of the jet set or the sport set. It has become literally the drug of choice for all people, including our children.

The interesting thing that I found in these last several weeks of going around in Florida was several communities where those communities got together in a combined effort with law enforcement, with education, and with the citizens literally of those communities and made great efforts at advertising campaigns and great efforts at education campaigns. They are telling me that they are already seeing a decrease in the number of new cases that they are seeing in crack.

So I am convinced if we go about this job properly, you can get the word out to the children of how dangerous this is and what it can do to their bodies, what it can do to them. The problem is just whether we have the effort and the will to do that.

The hearing this morning is going to help us gather information on two important drug war problems. We are first going to hear from the Department of Education regarding drug education programs, preceded by a panel of educators and students from New York and Florida.

Second, we will consider the research and drug treatment programs funded by the National Institute of Drug Abuse at the Alcohol, Drug Abuse, and Mental Health Administration. We will hear from New York and Florida witnesses this morning regarding a critical need for these drug treatment dollars. Dr. Macdonald, the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, is here to speak to the administration's proposal.

We will be joined this morning by Senator Weicker, who is the ranking Republican member and the immediate past chairman on the subcommittee. He has phoned in that he is having some difficulty in traffic this morning. We look forward to his advice and counsel throughout our committee process this year.

Senator D'Amato is a welcome guest to our subcommittee this morning. Senator D'Amato has certainly taken a lead and is one of the most outspoken advocates of strong enforcement, education, and treatment in drug programs not only in his State but also a leader in the Nation. We are delighted to have you, Senator, and we would be happy to have any statement that you have.

STATEMENT OF SENATOR ALFONSE M. D'AMATO

Senator D'AMATO. First of all, Mr. Chairman, I would like permission to enter my statement as if read in its entirety so we can save some time with the other witnesses. I would be remiss if I did not publicly thank you for your leadership in sensitizing America and, more importantly, in bringing about legislative actions and programs in terms of interdiction, our law enforcement efforts, education, prevention, and treatment. Truly, we are in your debt.

Second, thank you for holding this very timely hearing so that we can examine just where we are and where we will be going. Only yesterday, Mr. Chairman, I learned that on January 20, 1987, the Department of Health and Human Services wrote to our Nation's Governors, proposing a formula for the distribution of the emergency treatment funds which we provided with the legislation last year, the Antidrug Abuse Act.

It is clear on early examination that this formula has raised at the very least, some concerns, some legitimate concerns that my State and your State and others in the Government will be raising. I have communicated with Dr. Macdonald, who is here. Let me say, he has done an outstanding job under the most difficult of circumstances. What are those difficult circumstances? Well, he cannot tell you, but I can. From my point of view, just not enough resources. You cannot fight a war without an army. You cannot send an army into the field if they are not properly equipped.

We have the people. We have got some of the resources, but we have not equipped them. We have not provided the dollars necessary to assist those clinics and rehabilitation centers which are bursting at the seams with respect to applicants. They are operating at 110, 120, 130 percent of capacity. They have to turn away heroin users, turn away cocaine users, and say come back 6 months from now. That is not fighting a war.

With respect to the proposed formula, I asked of the good doctor that he give us sufficient time and not just the 10 days provided for comments so that we may address those open questions in terms of how that funding is distributed, certainly taking in the needs and also the local efforts. If a community is putting up additional dollars, it should not be penalized. What are we saying, if New York is putting up more money and Florida is putting up more money and the Federal Government is, therefore, going to put up less money? What is our answer to the question?

What we are saying is: Do not put up any extra dollars, do not put up any extra local effort, and the Federal Government will do it. That is just the kind of thing we want to discourage. We want to say that everyone becomes involved, because this is truly a local and national problem.

Senator CHILES. I remember, Senator, that we made it very clear that we did not want this to be another revenue sharing program, that we were going to give some triggering feed money based on what the efforts were of the local community, whether it was law enforcement, and so it was efforts on top of what they were already doing. We were not looking to just sort of share.

Senator D'AMATO. Mr. Chairman, I think you summarized it excellently. That is absolutely essential, I believe, if we are going to really begin to involve everyone in this battle the way we should be. Of course, we have an obligation to respond to the local needs.

Mr. Chairman, let me just include my one other observation. I look forward to working with you in particular because I know of your strong commitment, and that is not one that is just simply before an election. I have to say here now that it seems to me that some of my colleagues and some in the Government throughout this whole country, when the election is on the horizon, my God, there they are. Oh, yes, we want to put the money out. We want to fight the problem. The administration was right there. Yes; this is the thing. We took the polls, and the polls say the people are concerned about drugs, so let us show them that we are drug fighters.

Now the elections have come and gone, and here we are in the dead of winter, and the problem of drug abuse is not any better. It is worse. It is serious. It is an epidemic. That interest has waned. When I get a document that says we are going to cut $900 million under some kind of guise that says that is more money than we got before, then I say our commitment is rather shallow.

I look forward to working with you and championing the cause of those children, those tens of millions of young people in particular. We had better have that educational help. We had better have those rehabilitational programs. We had better see to it that we keep that commitment. I am not going to sit by and accept what OMB has done in reducing spending from $3.9 billion in 1987 to $3 billion in 1988. That is no way to fight the war against drug addiction.

So, Mr. Chairman, I hope we are working on legislation that will keep the balance that we had last year, that will see to it that there is a constant funding level so that we can run the kinds of programs where education and prevention are so sorely needed and that we can work together in this important endeavor. I thank you again for your leadership and for having me here today.

PREPARED STATEMENT

Senator CHILES. Thank you, Senator D'Amato. We are delighted to have you here and have your statement.

[The statement follows:]

STATEMENT OF SENATOR ALFONSE D'AMATO

Mr. Chairman, thank you for the opportunity to testify before this subcommittee on the implementation of the Anti-Drug Abuse Act of 1986. You are one of the true leaders in our Nation's battle against substance abuse, and I commend you for calling this most important and timely hearing.

Only yesterday, I learned that on January 20 the Department of Health and Human Services wrote to our Nation's Governors proposing a formula for the distribution of emergency treatment funds under the Anti-Drug Abuse Act.

It is clear on early examination that this formula does not target funds in the manner we intended when the bill was drafted.

In addition, the January 20 letter provides only until January 30 for public comment. Given the complexity of this formula, the New York Congressional Delegation is asking for a 2-week extension to allow us to review carefully the administration's proposal, and we hope to have a meeting with Dr. Macdonald, a man for whom I have the highest regard, to express our concerns.

Looking beyond this controversy, I look forward to working with you on restoring the momentum that last year's drug bill started. Reducing spending from $3.9 billion in 1987 to $3 billion in 1988 is not acceptable.

How can education and treatment programs plan when they see such erratic swings in the level of the Federal Government's commitment?

To continue the effort we began last October, I am now drafting legislation that extends through 1989 and strengthens each of the key programs included in the Anti-Drug Abuse Act which are now in imminent danger of expiring or being either underfunded or unfunded.

My bill will do three things:

One, it will set forth a clear policy that funding for drug programs must build on what we started last year. We must make it clear that we are not going to do violence to education and treatment programs by turning the funds on one year and turning them off the next;

Two, it reauthorizes through 1989 antidrug programs that last year's bill authorized only for 1987, and instructs the appropriate committees to fund these programs at no less than the 1987 levels. Where a greater need can be demonstrated, I look forward to working with you to provide increased support for these programs; and

Three, where the drug bill does authorize programs through 1989, my bill restates congressional intent that the full amounts authorized in the drug bill must be provided through 1989.

It is my intent that this bill will provide the full funding for antidrug programs that you, I, and all the others who helped draft the drug bill intended, and that it will prevent the cuts proposed in the 1988 budget from taking effect.

I can think of nothing more destructive than to raise people's hopes with a meaningful level of assistance one year, and then to cut back dramatically the next year. The proposed budget offers no hope of a breakthrough for the demand-side of the antidrug effort. Without such a breakthrough, we will never win the war against an epidemic that leads to well over 60 percent of all crime, and costs this Nation about $200 billion per year in lost productivity.

Mr. Chairman, we cannot let up now. Is there anyone in this room who has not been personally touched, either as the victim of crime or as the relative or close friend of a substance abuser? Is there anyone who doubts that tens of millions of Americans are dependent on drugs and alcohol, that nearly 5 million are regular users of cocaine, and that the age of first use is often the seventh grade or earlier?

This is the time to go forward, not back. I look forward to working with you on legislation that will enable us to do exactly that.

Thank you, Mr. Chairman.

EDUCATION PANEL

STATEMENTS OF:

BETTY CASTOR, COMMISSIONER OF EDUCATION, STATE OF FLORIDA, TALLAHASSEE, FL

FRANK CAMPANA, PRINCIPAL, DRIFTWOOD MIDDLE SCHOOL, FORT LAUDERDALE, FL

CLARENCE COBURN, SEVENTH GRADER, DRIFTWOOD MIDDLE SCHOOL, FORT LAUDERDALE, FL

DERREK DAME, TENTH GRADER, PERRY PARKER HIGH SCHOOL, JACKSONVILLE, FL

ALICE RIDDELL, DIRECTOR, BOARD OF EDUCATION, CITY OF NEW YORK

Senator CHILES. Our first panel will be our education panel, and we are delighted to have Betty Castor, the Commissioner of Education for Florida, recently elected. We know of her commitment as a State senator and the work that she has done in the legislature in Florida in this regard.

With her is Frank Campana, principal of Driftwood Middle School, Fort Lauderdale, FL, a high school principal; Clarence Coburn, a seventh grader from Driftwood Middle School in Fort Lauderdale; and Derrek Dame, a tenth grader from Perry Parker High School in Jacksonville, FL.

We also have Alice Riddell, the Director of the Board of Education of the city of New York. We are delighted to have Ms. Riddell here as well.

Senator Burdick, we are delighted to have you here.

Ms. Castor, we will start with you and let you give your opening remarks.

STATEMENT OF BETTY CASTOR

Ms. CASTOR. Thank you, Senator Chiles and members of the subcommittee, special guests. Thank you for giving me the opportunity to tell Florida's story as we all embark on the same goal, to rid our schools and our school children of illegal drugs and alcohol.

I have been asked to talk about Florida's current drug education efforts and how new Federal money could be used in the future. I will answer that charge in two ways: first, with facts and figures; and second, with the human side of the story.

To help me out, I have brought a principal, Frank Campana, who is the principal of Driftwood Middle School, who is sitting on my right.

On my immediate left is Clarence Coburn, who is a student at Driftwood Middle School.

To his left, extreme left, is Derrek Dame, a 16-year-old 10th grader at Perry Parker High School in Jacksonville.

They are not here to make a grandstand appearance because of exceptional circumstances. They are here to give you living proof of the usefulness and the importance of Federal funds given to create a local program.

First, some facts and figures. I might start by saying we appreciate the passage of your comprehensive drug abuse legislation of last year particularly, Mr. Chairman, to work in this field. Florida is expected to receive $17.8 million from the Antidrug Abuse Act of 1986, with $6.2 million going to education prevention. In accordance with that legislation, 70 percent or $4.25 million will go to State and local education agencies, and 30 percent or $1.8 million will go to the Governor's office.

Under the proposed admininistration budget, those education funds will be cut in half. The State will provide leadership and technical assistance. The lion's share of the money will be passed through to local school districts based upon school age population. The local activities include school-based prevention programs, family based prevention programs, counseling programs for students and parents, referral programs, public education programs and efforts to enhance identification and discipline of drug and alcohol abusers.

The Governor's funds are reserved for awards and incentives to local governments and nonprofit entities for innovative community-based drug and alcohol abuse prevention programs, training programs for teachers, parents and law enforcement officials, and training materials in coordination with community efforts. Special emphasis will be placed on high risk children.

Florida is fully committed to effective coordination of the various agencies, including education, health, law enforcement, and social services. We have taken many steps, including the requirement of comprehensive plans, State grants for community-based dropout prevention programs which have a drug and alcohol abuse component, and many school district initiatives.

We are not asking for Federal dollars without already making a major commitment ourselves. In summary, we are prepared to spend Federal money wisely and efficiently.

Despite these efforts, we have many elements working against us in Florida. Our growth, our changing demographics and family patterns, and our geographic attraction to high volume drug traffic make our young people particularly vulnerable.

Please allow a few more facts and figures. As you have already mentioned, 60 percent of high school seniors in Florida have tried illicit drugs. Approximately 64 percent of all juveniles arrested in Florida are involved in drug or alcohol abuse. Seventy percent of Florida's prisoners confess a drug or alchol problem, and 65 percent are high school dropouts.

Unfortunately, we have only one counselor for every 568 students in middle schools and one counselor for every 400 students in high schools. More than 500,000 of our students live in poverty. That is about 1 in every 3. We estimate that only a small percentage, perhaps 1 out of 10 students, who needs help for substance abuse is getting it.

Senator CHILES. One out of ten is what you estimate in the State of Florida?

Ms. CASTOR. That is correct.

Senator CHILES. Is getting help?

Ms. CASTOR. That is correct. I could go on and on, but there is a better way to proceed. The fact is, Florida has many good programs already in place. We must expand our efforts, and most school districts cannot afford a highly concentrated effort.

I want to let Clarence and then Derrek tell their stories to tell you what we can do about money you sent us.

Clarence, would you like to share your story?

PREPARED STATEMENT

Senator CHILES. First we will place your prepared statement in the record and then Clarence can tell his story.

[The statement follows:]

STATEMENT OF BETTY CASTOR

Good morning, Senator Chiles, members of the subcommittee and special guests. Thank you for giving me the opportunity to tell Florida's story as we all embark on the same goal: to rid our schools, and our schoolchildren, of illegal drugs and alcohol.

I have been asked to talk about Florida's current drug education efforts and how new Federal money could be used in the future. I will answer that charge two ways: first, with facts and figures, and second, with the human side of this story.

To help me out, I have brought a principal and two students—foot soldiers from the front lines, you might say. To my far left is Frank Campana, principal of Driftwood Middle School in Fort Lauderdale, FL. Next to him is one of his students, Clarence Coburn, who is in the seventh grade. To my left is Derek Dame, a 16-year-old 10th grader at Terry Parker High School in Jacksonville. They are not here to make a grandstand plan because of exceptional circumstances. They are here to give you living proof of the usefulness of Federal funds given to creative local programs.

But first, the facts and figures. Florida is expected to receive $17.8 million from the Antidrug Abuse Act of 1986, which $6.2 million going to education and prevention. In accordance with your legislation, 70 percent, or $4.25 million, will go to State and local education agencies, and 3 percent, or $1.8 million, to the Governor's office.

The State will provide leadership and technical assistance. But the lion's share of the money will be passed through to school districts based upon school-aged population. The local activities include school-based prevention programs; family based prevention programs; counseling programs for students and parents; referral programs; public education programs and efforts to enhance identification and discipline of drug and alcohol abusers.

The Governor's funds are reserved for awards and incentives to local governments and nonprofit entities for innovative, community-based drug and alcohol abuse prevention programs; training programs for teachers, parents, and law enforcement officials; training materials and the coordination of community efforts. Special emphasis will be placed on high-risk children.

Florida is fully committed to effective coordination of the various agencies, including education, health, law enforcement, and social services. We have taken many steps, including the requirement of comprehensive plans, State grants for community-based dropout prevention programs, which has a drug and alcohol abuse component, and many school district initiatives. We are not asking for Federal dollars without already making a major commitment ourselves. In summary, we are prepared to spend Federal money wisely and efficiently.

Despite these efforts, we have many elements working against us in Florida. Our growth, our changing demographics and family patterns, and our geographic attraction to high-volume drug traffic make our young people particularly vulnerable. Please allow a few more facts and figures:

Sixty percent of high school seniors in Florida have tried an illicit drug.

Approximately 64 percent of all juveniles arrested in Florida are involved in drug or alcohol abuse.

Seventy percent of Florida's prisoners confess to a drug or alcohol problem, and 65 percent are high school dropouts.

We have one counselor for every 568 students in middle schools, and one counselor for every 400 students in high school.

More than 500,000 of our students live in poverty—that's about 1 out of every 3.

We estimate that only a small percentage—perhaps 1 out of 10 students—who needs help for substance abuse is getting it.

I could go on and on. But there's a better way to proceed. The fact is, Florida has many good programs already in place. We simply need to expand, and most school districts cannot afford a highly concentrated effort. So I want to let Clarence and then Derek tell their stories—to tell you what we can do with the money you send to us.

Clarence—please share your story, and tell us where you might be today without the early intervention program at Driftwood Middle School.

Derek, you needed more help because we didn't intervene at Clarence's age. Tell us your story, and your treatment.

That's Florida's story—in facts and figures, and in human lives. I am sure it is a story very similar to other States. I want to conclude by addressing you in financial and political terms—just as plainly as I can.

I want to ask each of you to be a fiscal conservative. Please take a business-like approach to this problem. Cut Government waste and redtape. Think about family values and community control of our dollars. Make sure there is a return on your investment. Because if you practice these all-too-familiar themes, there is only one conclusion you can draw when it comes to this appropriation: Double it. Maybe triple it.

Rarely is there an opportunity for Government to get so much for so little. Certainly any business person can determine the wisdom of investing another $100 million now to avoid more than $1 billion later in social costs. As Clarence can attest, certainly these programs bring the family together. As Frank Campana can attest, certainly he knows the best way to spend the money in Fort Lauderdale. But they have one monumental problem: they don't have the resources at the local level to pull it off. It takes Federal dollars.

Now is not the time to pull back. Now is not the time to wave a white flag at the drug dealers and surrender. Now is the time to press forward, while demonstration projects are showing us signs of hope, while our schools and communities are demanding that this problem be attacked. There is only one way to cut off the supply of drugs to this country: cut off the demand. And that means drug education and prevention.

Thank you for your attention, and the four of us will now be happy to answer your questions.

STATEMENT OF CLARENCE COBURN

Mr. COBURN. My name is Clarence Coburn. I am 15 years old. I am from Driftwood Middle School in Hollywood.

Senator CHILES. We want to welcome you to the committee and thank you very much for your taking the time to come up here in this snow. I know it is a little different with your coming out of Florida. We thank you.

Mr. COBURN. I am here to tell you today about the model school adjustment program. Before, when I used to live in another school district, I used to hang out with a group of kids, and these kids used to steal things. They used to break into houses. They used to vandalize houses, and they used to take drugs lots of times.

Then my parents wanted to get me away from them, so they moved out of the district. I moved to a different middle school district, and I qualified for the model school adjustment program. It helped bring up my grades, because I went from an F average to a B and C average. It helped me have a better outlook on life, and it helped me to pick new and better friends. It helped my parents and I also got along a lot better.

The program has student tutors who are trained and qualified by Ms. Sauer, and they help you. If you have a personal problem, they will help you. Ms. Dinacola, she is a family and group counselor. If you have a school problem, she will take care of it for you. She will sit down and talk to you.

Ms. CASTOR. I might just add that that program operates with one dedicated teacher and one dedicated family counselor for approximately $90,000 per year. In Florida, the cost of constructing a prison cell is about $100,000. It is a very cost efficient program, but we do not have those programs in all of our schools.

Senator CHILES. When we compare that with the fact that under the funding that is in the administration proposal right now, we get $6,000 per school district, we are not going to get many programs like this.

Mr. COBURN. Some of my friends today are in jail. One I know got expelled from school for pulling a knife on campus, and one got expelled for possession of drugs on campus.

Senator CHILES. This is when you came from, the other school?

Mr. COBURN. Yes; and if there were more programs like this today it would help more kids out with drugs.

Senator CHILES. Your parents cared enough about you that they were able to find another district where you could get a better schooling system?

Mr. COBURN. Yes.

Senator CHILES. What would have happened to you if you had stayed in that old district?

Mr. COBURN. I would have probably ended up in jail with the rest of my friends.

Senator CHILES. And now you are making B's and C's?

Mr. COBURN. I brought up all my grades.

Senator CHILES. We congratulate you. That is great.

Ms. CASTOR. Derrek Dame also has something to say.

STATEMENT OF DERREK DAME

Mr. DAME. Good morning. When I was in sixth grade I started using drugs with my sisters because they were going out with people in the Navy and I used drugs and it was available.

Senator CHILES. How old were you when you started?

Mr. DAME. I was 8 years old. And then my mother did not really realize that I was using drugs back then, and I kind of got away from them because they were not available as much.

And we moved to the other side of town in Jacksonville, and I got back in with the wrong crowd and started using drugs once again.

Senator CHILES. Again, I am having a little difficult time hearing. Could you just pull that mike over to you?

Mr. DAME. Like I was saying, my mother was not really aware of me using drugs when I was younger, but when I became 15 I started using them once again and she became more aware of it. And she asked me about it, and I told her no, of course not me.

And, you know, parents, they do not want to believe their children are using drugs, so she took me to the doctor and he gave me a urinanalysis to test and prove that I was using drugs, and I told her that I would quit. But I could not. I was so into it that I could not quit.

So I went back to using them, and then I started using heavier. So then she took me to the care unit and got me help, and I stayed there 38 days, and it is like a place you can live and you stay there 24 hours a day. And in the mornings and on the weekdays you go to different groups and talk about your problems that you had while you were out there and why you used, and just different things like do you think peer pressure was part of the reason you used and do you think it is good to use.

And they were just telling us all the bad parts about the drugs. They try to show you that you are completely independent. You know, if you needed drugs, you know, and you went and steal something and break into somebody's house, that means you are chemically dependent, that you needed drugs that bad that you would go do something like that.

So they tried to teach us that we were chemically dependent and we did have a problem and we were addicts and that we did need the help.

Senator CHILES. You had to realize and acknowledge that you were chemically dependent, that you had to have some help?

Mr. DAME. Yes, sir; well, when I went in there I realized that since I was going into treatment that I might as well get the help I needed to get off the drugs, since my mom was spending all the money. So I have. And I go back there every Tuesday for aftercare. In that you just go in there, all the people that got out recently or in the past. You go in there and you just tell them how your week has gone and if you have had any problems at school with the drug use or anything.

Senator CHILES. So you can go back and get reinforcement by knowing that you can go back there. Do you think that is helpful?

Mr. DAME. Yes, it is; and you get to hear all the other people's problems, like some people say their friends said, hey, you want to go smoke something? And they will say no. And they will explain why they did not want to. That kind of helps you. Yeah, that is what I will do if someone asks me. It kind of gives you ideas and it helps you out.

When I got back to school there were people that did use that are my friends. There are people that did not use that are my friends. And kind of both of them were kind of glad and proud of me and everything, and they were complimenting me, saying they were glad I could do that—stay off the drugs and everything. And that is people that do use now and still use today. They are saying they are proud of me.

Senator CHILES. Even the ones that are using now are telling you that they are proud of you because you have been able to break out of it?

Mr. DAME. Yes; but they will not say that they are chemically dependent because they do not think they are. It is like I used to say that I could quit any time I wanted to, but I just do not want to. And that is what they said. But I could not. I proved that to myself.

Senator CHILES. That is a cop out when you say I can quit any time I want to.

Mr. DAME. Yes; definitely. It made my grades a lot better. I had C's and D's, and now I have B's and C's.

Senator CHILES. I bet you feel a lot better about yourself.

Mr. DAME. Yes; it does. It makes you feel a lot better when they say, hey, I am proud of you for getting off your drugs and stuff like that. And I found a change in myself. It makes you feel better.

Senator CHILES. Were you able to help some other kids now to direct them toward getting some treatment?

Mr. DAME. Yes; there is this one person that just got out of the care unit last Tuesday and she goes to my school, and she said she was going to be scared when she goes back because all of her friends used. I told her just to hang around me and we would keep each other straight.

Senator CHILES. Are there enough treatment places out there, and how expensive was it for your parents to get you treatment?

Mr. DAME. It was, I think, $375 a day. I was in there for 38 days. That is pretty expensive. I believe when the fundings come in that can get the people who do not have that much money into treatment and help them out, too.

Senator CHILES. How about the availability of drugs around your schools?

Mr. DAME. They are very available, and that is everywhere, not just in the school.

Senator CHILES. What kind?

Mr. DAME. All kinds.

Senator CHILES. Give me some examples.

Mr. DAME. Marijuana, crack, coke, acid.

Senator CHILES. It would not be any difficulty for you around your school or around your community to buy those drugs?

Mr. DAME. Not at all.

Senator CHILES. How do kids pay for them?

Mr. DAME. Some people, they get the money by working, and some people steal things and sell it, like they would steal something like a ring from their parents and sell it to the store, or something like that, or someone else and get the money for that and buy their drugs. Or break into places.

Senator CHILES. Has your school before—you know, when you were getting hooked were you getting any kind of drug education in school that you thought was meaningful?

Mr. DAME. In ninth grade I did, not this year. But they do have counselors that you can talk to and stuff like that. But I just did not go around the office. I mainly stayed out of trouble, so I was always on time to my classes so I was not tardy so I was not up in the office. And I went to school every day to get my drugs and try to get an education.

Senator CHILES. You went to school every day to get your drugs?

Mr. DAME. More or less, yes. That is mainly where the main source of it is.

Senator CHILES. Thank you. I want to thank both of you. We may have a few more questions for you.

Ms. CASTOR. I think our message this morning is simply that this is not the time to pull back. We are making every effort, but we have a very large problem.

Mr. CAMPANA. You see some talented young people who have been fortunate enough to have a program provided to them and for them, and this is a need all over our country. I had the opportunity to talk to other principals in other parts of the country, and they are all saying the same thing. As you mentioned, the availability is there all over our great land, and we need to provide programs.

And the programs, as you are hearing these young people, they are willing to put forth the effort, and once they have a program and they are willing to go out and sell the message, to say no to drugs. The organization of Students Against Drunk Driving. When you give these youngsters the opportunity, you would be very, very proud of how these young people, and you as leaders of our country would be very proud of these young people, how they will be in the future if they are given the opportunity.

I think the message is we need more programs and more opportunities, and the young people themselves will help us solve this problem.

Thank you.

Senator CHILES. Thank you.

Ms. Riddell, we are delighted to have you here as the Director of the Board of Education program from the city of New York, and we thank you for your appearance here and we would like to hear from you.

STATEMENT OF ALICE RIDDELL

Ms. RIDDELL. Thank you, Senator Chiles.

I am here representing the New York State Association of School Alcohol and Drug Abuse Prevention Professionals, and we represent the leaders in the prevention field of New York State, both the public and private schools.

We are very grateful to have the opportunity to come before you concerning the President's recommended cuts in the prevention and education programs. Although Congress saw fit to increase the allocations of 1988 and 1989, it is ironic that before those funds had even been distributed to the States that the President and his advisers are recommending cuts for 1988, cuts that approximate about 125 percent.

It is comparable to promising an 8-year-old child a two-wheel bicycle for his birthday and 1 week before his birthday telling him that he will only have the bike for 1 month until he learns how to ride it, and then one wheel will be removed. This move on the part of the executive branch demonstrates their lack of understanding of the youthful substance abuse problem and prevention programs.

There has been a tremendous amount of rhetoric at the Federal level with regard to prevention, and we are delighted that the Federal Government has decided to put their money where their mouth is with regard to it. However, I think it is important to note that the overall budget for Public Law 99–570, the amount for prevention, is a little bit less than 10 percent.

Substance abuse has infiltrated every part of our society—the home, the family, the community, business, labor, all of the professions, city, State, and Federal agencies. Prevention programs do work, and we in prevention have long been advocating that we must focus on the demand factor rather than on the supply. Prevention programs that are realistic, ongoing, and meaningful work, and the key words are "ongoing, meaningful, and realistic."

Since it is a very complex problem, it will not respond to simple solutions. Just say no, be smart, don't start are catchy phrases to the ears and make wonderful slogans for the media and for children who would not normally make the decision to use drugs anyway regardless of availability, peer group pressure, or passage rites. They are, however, a first step in raising the consciousness level of all the people that the problem exists—nothing more.

The new law emphasizes teaching children from early childhood to 12th grade that illegal drug use and abuse is harmful and wrong. All curricular activities and counseling must reflect the same message. Again, this is a simple solution. The premise is that if all teachers teach this lesson we would eliminate youthful substance abuse. That is nonsense.

During the last drug epidemic, which was in the late 1960's, the researchers found that the standard method of teaching about alcohol and drug abuse did nothing to prevent that epidemic. In fact, it was suggested by the researchers that just teaching about the dangers of drugs did, in fact, raise the curiosity level of some of the students. Teaching about drugs is not comparable to other subject areas. You teach in an elementary school that two plus two equals four, and the child learns that. The child has learned it forever. It is not that way with drug abuse.

Drug abuse is very much related to developmental tasks and to life situations. Does that mean that we should not train teachers to teach? Of course not. It is one part of an educational program. What is important to teach is to help give information to the disease concept and to the legal and moral facts, is that substance abuse involves a decision.

Teaching children the elements and the processes of decisionmaking are critical components of the meaningful education prevention and early intervention program. Decisionmaking involves the ability to identify a problem, explore alternatives and consequences, understand the impact that value and self-esteem play, develop the skill to make a decision, act on it, and accept the consequences.

When we think about teaching children about drug abuse we have to think who is going to teach it. The elementary school teacher is responsible for at least 13 different subject areas. The secondary school teacher is responsible for a subject area. How much information can you provide in a foreign language class, in a computer class, in algebra and geometry, in that subject area in terms of teaching children that drugs are harmful and illegal?

However, when we do train the teachers what we are saying to the teachers is we are updating their knowledge, their information, what resources are available, and, second, we are sharpening their skills in terms of identifying children who are at risk.

Senator Chiles, this is really the crux of the matter, if we are ever going to reverse the problem of youthful substance abuse—focusing on the children who are at risk. In a recent survey done by HHS, a household survey, 37 million Americans have used illicit drugs in the last year, 113 million are using alcohol, of which 10 percent, or 11 million are alcoholics. If we just focus in on the figures of the 37 million and the 11 million, we are talking about 48 million people abusing illicit drugs and alcohol.

Since it was a household survey, we can assume that most of these people were parents. If we think about the numbers of children who are at risk, I will guarantee you that we are probably thinking of a minimum of 50 million children across the country. Who are these children? They are the children of alcoholics, children of substance abusers, and children from multiple-problem families.

The child who is a child of an alcoholic does not need to be told and taught that the use of alcohol is harmful. What that child needs is to understand that alcoholism is a disease, understand that recent research in terms of genetics and heredity around alcoholism, that 2 out of 3 male children of male alcoholics will, in fact, become male alcoholics, and 1 out of 4 children of female alcoholics will become female alcoholics.

They need to develop safety skills—what to do if daddy is drunk and daddy wants you to get in the car and what to do if mommy is drunk and you come home and mommy is drunk for the whole weekend and there is no food in the house. They need to know that they are not to blame for their parents' alcoholism. They need to know whatever they do is not really going to change the parents' behavior. And they need to begin to understand what a feeling is. So we are talking about survivor skills for those children.

For the children of substance abusers what we are talking about is the parent is coming out of a drug-free treatment program. That child needs counseling around the reestablishment of the family unit, around communication, around separation—because many of those children have been living with someone else in the interim.

If we are talking about some parents who are in methadone maintenance programs, those children need counseling, understanding that they have to be responsible for their own behavior, responsible for attending school, responsible for cleanliness, and also understanding something about their self-esteem with regard to having a parent who they know then was a drug addict and is in a program.

For the children whose parents are using illegal drugs and seem to be functioning in a treatment program—for the person who is using cocaine or a variety of other drugs—the child knows that that is illegal, and asking a child to deal with that issue is a very difficult thing. So just to tell the child that that is illegal and harmful really is not enough.

What is extremely important to us in the prevention field is understanding that every school district needs an ongoing presence of prevention. Prevention over the past 20 years has become a legitimate, credible discipline in the education community. If we are just going to say we are going to——

Senator CHILES. You are telling me it works?

Ms. RIDDELL. It works. It absolutely works. And by an ongoing presence I mean not publishing curriculum and training teachers in 1 or 2 years. If that happens, in 2 years' time I guarantee you that that curriculum will be lying on the shelf gathering dust.

What I am talking about are professional prevention personnel, whatever their background is, that have maintained a presence in the school district, that can provide ongoing teacher training to keep the teachers motivated in terms of implementing activities, to actually go in and implement activities, to sharpen the skills of the teachers in terms of identifying those children who are at risk, and then being there to provide the counseling services for those children who have been identified.

Senator D'AMATO. Alice, first of all let me thank you for being here today and for your very incisive presentation, particularly when you identified those who are at risk and the way you do it. Some might be shocked, but the fact is that 50 million young people probably is a modest estimate and if you were to ask—and I think maybe it might be interesting—the two young men who are here what drugs they first began with, I would not be a bit surprised if they told you alcohol, that they started with their beer and wine and booze parties.

By the way, maybe it did not start out as a party. Maybe it was at someone's house, maybe down at the park, and that became a pretty regular thing. And then comes the introduction and mixing of drugs, et cetera.

But one of the cores of this is we are letting all of our youngsters at risk. The peer pressure is incredible. It cuts across all lines—economic, social, et cetera. It is not just poor people or children of alcoholic families. But where, Alice, does a teacher, for example, who has had the training in New York, the sensitivity, or the feeling who wants to do this, who sees a youngster who has got a problem, takes kindly to that youngster and says, listen, Joe, you need some help.

And they begin to respond to one another. Where does she send him for rehabilitation? Where does she send him for help? She is not going to be able to do it herself.

Ms. RIDDELL. That is why I am urging that we have the understanding that there is a need in every school district across this country that you have a prevention staff. The elementary school teacher is responsible for teaching all of those subjects. They do not have the time to spend on this. And once you identify the child you have to provide the counseling.

Not every child that smokes a joint has to go to a treatment program. I mean, you can provide early intervention into schools. The child of an alcoholic, if you refer that child to a community agency, the parent who is a nonalcoholic, there is such a denial factor there they are never going to get to a community agency. So it is important to provide the service in school where the children are a captive audience.

So that what is needed is, in addition to the teacher being able to teach the facts in a classroom, the health facts, that you have the activities provided by professionals around decisionmaking, around developing coping skills, around improving self-esteem that are basically pullup programs.

Senator D'AMATO. Alice, if we undertake in any of the school districts in the city that kind of program, have some of the local boards come up with that kind of funding, to your knowledge?

Ms. RIDDELL. The local boards have not come up with funding, but New York State has provided probably, I would say over the past 20 years, more money than any other State in the Nation for prevention programs. However, the amount of money that is being provided today is approximately $20 million.

When we started in 1970 it was $23 million, and if you take into account inflation and cost of living, that $20 million today is worth about one-tenth of what it was in 1970, so that the programs are certainly insufficient to meet the needs. I would predict that the figures are the same as in Florida, that at best 1 in 10 children that needs services is getting services.

Senator CHILES. We thank you very much for your testimony.

Ms. Castor, I wanted to just ask you, what support and guidance does the State seek from the Federal Government to help in developing effective drug education programs?

Ms. CASTOR. Certainly the most important thing that we are looking for, we are relying on receiving those first Federal dollars in the very near future and, anticipating those dollars, we have ongoing in the State of Florida now a crash program to complete comprehensive drug plans in every single county.

We will go back to the legislature this year——

Senator CHILES. I share some of the responsibility for that. I think I told you that you ought to do that and that we were going to provide the money.

Ms. CASTOR. And we are charging ahead, and I think we are doing a very good job. We are going to rely on the talent of principals like Frank Campana here, get the program in place, get our comprehensive planning done, develop our model programs, and then try and give every school district and every school some help.

But we are far away from that.

Senator D'AMATO. Commissioner, I do not mean to overdramatize this, but it would seem to me that to develop that model program in a particular environment is the way to go. But it is going to take an awful lot of counselors in one school, because if we want to talk about who is at risk, it is just all those kids.

If we really want to be honest with ourselves, it is every one of our children. It is far greater than we want to acknowledge. How many counselors do you think it might take, in a school of 800 students in high school?

Ms. CASTOR. I hesitate to put it in a concrete figure. I think there is some variety. But many, many times more than what we have available today.

And in Florida, of course, our efforts—we lose pace with our efforts because of our enormous growth. We are anticipating 50,000 new students in our school system next year alone. So we are just treading water.

It is very difficult. It is complicated even more because of the availability of the drug traffic and the prevalence.

Senator D'AMATO. They can move from alcohol into the cocaine much more readily and at a much cheaper cost. And, of course, the cost factor has something to do with it, particularly in the introduction stage.

Ms. CASTOR. That is why I thought it was important to have a couple of students with us, who are pretty typical students actually. Their experience is not a limiting one.

Senator D'AMATO. How many of your friends in the seventh and eighth grade, Derrek, when you started on drugs also started? And did they start on alcohol at first?

Mr. DAME. Yes; they did.

Senator D'AMATO. Did you start on alcohol first?

Mr. DAME. Yes; I did. I was never a real heavy drinker, though. But I did start with alcohol.

Senator D'AMATO. Then you moved into the other?

Mr. DAME. Well, we got drunk one night and then someone pulled out a joint and we smoked that, and that's how I got introduced to it.

Senator D'AMATO. Now, you are in the 10th grade right now?

Mr. DAME. Yes.

Senator D'AMATO. If you were to take an estimate—and you know what is going on. You know the kids in your class pretty well?

Mr. DAME. Yes.

Senator D'AMATO. About how many in your class?

Mr. DAME. About 30.

Senator D'AMATO. You would estimate with respect to those 30, how many are using drugs or drinking to excess? You understand what I say. You know, when they go to a party they get blitzed.

Mr. DAME. There is probably at least one-half.

Senator D'AMATO. Mr. Chairman, I just make an observation that that problem is a pretty accurate figure of what is taking place in American schools. And the parents and the educators say: Oh, no, that is not happening. But they are just not really with it, because you have got probably that kind of proportion, give or take a few percent.

Senator CHILES. I am afraid that that is true in a lot of the schools.

Let us ask Clarence. It would be interesting to see. Clarence, what would you tell us in your school?

Mr. COBURN. In a regular class?

Senator CHILES. In your class, how many people would you say are abusers, in other words are chemically dependent or alcohol dependent in some way?

Mr. COBURN. Out of 30, about 5 of them.

Senator CHILES. I think that is again a telling thing, that here is a school, as Clarence says, that has someone he can go talk to, has some model program, that is really trying to do something about it, has a principal that cares enough and has been able to get the resources somewhere, and you have got a figure totally different than you get from Derrek.

Senator D'AMATO. It certainly cries out for help. And I want to commend you, Mr. Chairman, because maybe in our legislative efforts to keep the flow of dollars and also provide for some language that will encourage the kind of demonstration projects that will bring about a greater awareness.

How do you get these kids that help on site?

Senator CHILES. I would like to ask you, Ms. Ridell. What do you think? I think I like very much what you say about that need for that profession, and I hope that part of the Federal effort can direct that that be in place before we are spending all this money.

What do you think the Federal Government can most do, could best be doing?

Ms. RIDELL. I would support what Betty has said. I think what all of us are looking for is stability, be able to maintain the services that we introduce over a long period of time.

I think the other thing that I would like to add is that our State association has developed a formula of proportionate staff, both in terms of providing prevention and intervention services, on a per capita basis, to guarantee that every child in the State would receive them.

We would be happy to share that formula with the committee.

I would also like to note that what is important to understand about drug abuse is that each year, as the children get older, the incidence of abuse increases. So that in a junior high school you would not have as many students as you would in a high school, but it is a natural progression, because it is a progression of drugs going from one to the other.

I just want to add one other thing. I think since the Federal Government and people at the Federal level have made such a point of prevention, to cut the meager allocation that we have of less than 10 percent of the overall bill is really criminal and it is deceptive to the American people.

And essentially, I think what the President is saying is, he is just saying no to prevention programs.

Senator D'AMATO. Alice, do you have a model program that we could possibly visit in New York?

Ms. RIDELL. We would be delighted to have you visit more than one program. There is more than one.

Senator D'AMATO. I would certainly like to come down, Senator Chiles, to a Florida school district that has this program. Maybe we can even do it over this weekend. I hear another storm is on its way. [Laughter.]

Senator CHILES. As you know, I have been to your State several times for hearings, and also out on the street. And it is so interesting, again, what you say. I talk to kids 5 and 6 years old in New York, 8 and 10 out on the streets, and they knew a heck of a lot more about drugs than I knew.

And these programs, just say no or something like that, would not have been just too catchy to them. They could tell you everybody that was peddling and everything that was going on in their street and where all of the dealers were and what all the substances were. They could do that very well.

Ms. RIDELL. New York is a port of entry and, therefore, the availability is much greater than in some of the other States.

Senator CHILES. Thank you very, very much for your testimony. We appreciate very much your coming up here to testify. It has been very helpful.

STATEMENT OF JOHN P. WALTERS, SPECIAL ASSISTANT TO THE SECRETARY, DEPARTMENT OF EDUCATION

ACCOMPANIED BY:

SALLY H. CHRISTENSEN, DIRECTOR, BUDGET SERVICE, OFFICE OF PLANNING, BUDGET AND EVALUATION, DEPARTMENT OF EDUCATION

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PREPARED STATEMENT

Senator CHILES. Now we will hear from Mr. John Walters, the Special Assistant to the Secretary of Education. Mr. Walters, we are delighted to have you today. We would start off by saying we will take your statement in full and put it in the record. If you can give us a summary, it would give us a little more time to ask questions.

[The statement follows:]

STATEMENT OF JOHN P. WALTERS

I am a special assistant to Education Secretary William Bennett has given me prime responsibility for supervising and coordinating the Department's efforts to prevent drug use in the schools. I am pleased to be here today to speak about our work. This is a matter of enormous importance to Secretary Bennett and, I know, to the Chairman and Members of this Committee; it is also, and above all, a matter of overwhelming importance to the American people. There is nothing more inimical to the nurture and protection of our children and to the mission of our schools than illegal drugs. Student drug use remains at shocking levels; students have begun using drugs at ever younger ages, and the use of especially potent drugs, particularly cocaine, has increased in recent years.

As you know, the Reagan Administration has a long-standing record of leadership in combatting illegal drug use throughout our society. In particular, the First Lady has worked tirelessly against drug use by children. Her "Just Say No" campaign is the Nation's foremost program encouraging children to help each other resist drugs.

Eliminating the scourge of drugs from our schools also has been among the chief concerns of Secretary Bennett since he took office nearly two years ago. There is no issue about which he feels more strongly. In his first interview as Secretary, when asked what one thing he would most like to do for our Nation's schools, Secretary Bennett responded that, if he could, he would get drugs out of our schools and out of our children, immediately. During his time in office in visits to schools across the country, Secretary Bennett has met with parents, teachers, principals, and law enforcement officers to discuss what can be done to prevent student drug use.

What can be done to combat drug use by our children? Students should be taught that the use of drugs is wrong and harmful -- to them and to our Nation. We should work to ensure that students also receive a strong anti-drug message through the media and from fellow students. But a look at the schools and communities that have succeeded in beating drugs indicates that the single most important factor is the effort, the diligence, the responsibility, and the perseverance of those at the local level: of parents, teachers, principals, the police, and other members of the community of responsible adults. Drug education can be an important ally in the campaign against drug use; but there is no course, no new book or video, that can replace tough school drug policies that are fairly and rigorously enforced. There is no substitute for a powerful message, conveyed and enforced by adults, that drug use will not be tolerated.

There are several ways in which the Department of Education is helping to get drugs out of schools.

Last March, Secretary Bennett announced that the Department would prepare a guide to effective drug prevention programs in our schools. In September, the Department followed through on that commitment, releasing Schools Without Drugs, a how-to guide to overcoming student drug use. It is based on the research of drug prevention experts, and on the experience of schools, parent groups, and law enforcement officials working at drug prevention across the country.

Ernest Furgurson of the Baltimore Sun called Schools Without Drugs "the single most effective weapon" in the fight against drugs. He wrote: "This is the first time in 18 years of column writing that I have plugged a government handout this way. I may never do it again. This manual is an extraordinary public service."

Educators have also welcomed Schools Without Drugs. Sam Sava, Executive Director of the National Association of Elementary School Principals, has said it will be an "enormously helpful" document to principals. And Scott Thomson, Executive Director of the National Association of Secondary School Principals, has told us that this book is "exactly what's needed."

But most important of all, the American people have welcomed this book. A school bus driver called for copies because she wanted to give it to every child on her bus. A disc jockey requested a copy because he wanted to read sections over the air between records. A ten-year-old called and asked for ten copies because, he said, he doesn't want drugs in his school. Grandparents, counselors, nurses, ministers, mayors -- all kinds of people are asking for copies. And the administrators at the places Schools Without Drugs talks about -- places like Northside High School in Atlanta and the Anne Arundel County District in Maryland -- tell us that they are getting dozens of calls from other school officials who want to replicate their successes.

We have distributed over a million copies of Schools Without Drugs, and in less than six months it has proved to be the second most popular government publication in the history of the Federal government's Consumer Information Center in Colorado.

Last year, the Administration also proposed $100 million for the Department of Education to assist in school-based drug prevention efforts. Following congressional enactment of the Drug-Free Schools and Communities Act last September, the Department has made special efforts to make the new funds the Act provided available to the States as quickly as possible. This week, Secretary Bennett and I, and other Department officials met with school board members, governors' representatives, and representatives of State educational agencies to brief them on the requirements governing the use of the funds, the proposed nonregulatory guidance drafted by the Department and on the ways in which we believe those funds can be employed most effectively.

For fiscal year 1988, we have asked the Congress for $100 million for Drug-Free Schools -- the same amount requested last year. There are several reasons why we requested $100 million for this program in FY 1988. It is partly a question of available resources, and partly a question of responsible use of resources. We anticipate that much of the $200 million appropriated in FY 1987 will be used during school year 1987-88 for start-up costs, including non-recurring activities such as the purchase of equipment and instructional materials. The Secretary has made the early release of these funds a top priority within the Department. However, since this is a new program and States and localities will require a certain amount of lead time to implement their activities, we also anticipate that they will actually carry over a considerable portion of the $200 million to the 1988-89 school year. Therefore, we believe our 1988 request of $100 million will be sufficient to continue these programs in school year 1988-89.

We also believe strongly that continued funding should be contingent upon demonstrated results. In fact, this principle was an important component of the Administration's proposed anti-drug legislation. In light of this, we hope that the Congress will consider adding some of the original requirements governing the distribution of funds contained in last year's Administration proposal. We must remember that no matter how much money we spend, no drug education program will be successful unless it goes hand-in-hand with tough enforcement policies in the schools. It is those policies that will demonstrate to our Nation's youth that we are genuinely committed to ridding our schools of drugs.

As is apparent in Schools Without Drugs and in the research on which it is based, the key ingredient in drug prevention is not funds, nor a lot of specially designed local projects and programs. In order to fight drugs effectively, most school districts do not need a lot of additional texts and teachers, class time or class space; what they need is information, coordination, and determination. They need the attentiveness and forcefulness of those already charged with the nurture and protection of our children: of parents, teachers, principals, and community leaders. Creating schools without drugs means parents teaching clear standards of right and wrong; it means parents keeping in touch with one another, and schools keeping in touch with parents; it means schools themselves setting clear and specific rules, and consistently enforcing them.

These are the fundamentals of drug prevention. They are not difficult; they are not expensive. But they are essential, and I believe that the most important contribution to be made by a Federal act intended to help schools beat drugs is to ensure that communities know the importance of teaching clear standards of right and wrong to students and buttressing these standards with tough policies that are rigorously enforced.

Let's ask that districts receiving funds first assess the extent of their drug problem, and then set goals for eliminating it. Let's ask that, before receiving Federal funds a second or third year, they demonstrate substantial progress toward those goals. And let us ensure that firm rules, consistent enforcement, and community involvement are part and parcel of the programs receiving funding under the Act. No matter how much money we spend, we are unlikely to have any effect unless these things are done. For this reason, the Administration believes that ensuring that we spend wisely should be a greater priority, at this point, than simply ensuring that we spend a lot.

Allow me to mention, briefly, some of the other things that Secretary Bennett and the Education Department are doing to help schools and communities prevent student drug use.

The Department administers an alcohol and drug abuse education program through its Office of Elementary and Secondary Education. Since 1976, this program has funded prevention efforts that foster a "school team approach." Typically, a team consisting of school administrators, teachers, and parents or community members submits a proposal for prevention efforts and receives training at one of five regional training centers funded under the Department's program. The program has trained over 5000 teams and a more than 19,000 individuals. We are now completing a study of these five regional centers. And we plan to make improvements, if they are needed, for the coming school year.

The Department is also developing the necessary regulatory guidance to implement the program for higher education and teacher training authorized in the Drug-Free Schools and Communities Act. We are working expeditiously to see that funds will be available for projects that will operate in the 1987-88 school year. We are also developing a series of practical research priorities that will assist in getting drugs out of our schools. Funds for these activities will be funded under the "Federal Activities" section of the Act.

Finally, this March, we will announce a grant program under Federal Activities that will help schools that have accurately assessed their own drug problems institute drug prevention programs of their own design, and consistent with the principles I listed previously.

Let me conclude with this point. There are some who have characterized the nation's concern over drugs as a matter of recent media hype, a fabrication by "media melodrama." They have suggested that this concern, with the front page stories, has slipped slowly away.

But this is not true. In 1985, when students age 13 to 18 were asked by the Gallup Poll to identify the biggest problems currently confronting young people, drugs topped their list. For several years running the American people have identified drug use as one of the two or three most serious problems facing our schools. And this summer, in the 1986 Gallup Poll on education, drug use was for the first time identified as *the number one* problem facing the Nation's schools. In a recent poll by *U.S. News and World Report*, Americans identified drugs -- not any of the other issues currently playing big in the media -- as the most important issue to be faced by the Nation as a whole in 1987.

Mr. Chairman and Members of the Committee, I believe that Congress and the Administration are united in our intention to remove drugs from our schools; and in this we are united as well with the American people. We remain committed to working with you toward that end.

BIOGRAPHY OF JOHN P. WALTERS

POSITION : Special Assistant to the Secretary of Education

BIRTHPLACE AND DATE : Detroit, Michigan, February 8, 1952

EDUCATION : Michigan State University, 1974, B.A. University of Toronto, 1975, M.A.

EXPERIENCE

Present : Special Assistant to the Secretary of Education

1984-1985 : Assistant Director, Division of Education Programs, National Endowment for the Humanities

1982-1984 : Program Officer, Division of Education Programs, National Endowment for the Humanities

1981-1982 : Teacher, Political Science at Boston University

1979-1980 : Teacher, Political Science at James Madison College of Michigan State University

OPENING STATEMENT

Mr. WALTERS. Thank you, Senator.

Let me begin by introducing my two colleagues. On my left is Sally Christensen, who is Director of Budget Service for the Office of Planning, Budget and Evaluation at the Department; and on my right, Thomas Corwin, Acting Director of Division of Elementary, Secondary and Vocational Analysis of the Budget Service at the Office of Planning, Budget and Evaluation, Department of Education.

I will briefly summarize parts of my formal statement, as you suggest.

I am, as you mentioned, Special Assistant to Education Secretary William Bennett. He has given me the prime responsibility for supervising and coordinating all of the Department's efforts to prevent drug abuse in schools. This is a matter of enormous importance to the Secretary, and I know it is to the chairman and members of this committee. It is also, above all, a matter of overwhelming importance to the American people.

There is nothing more inimical to the nurture and protection of our children and to the mission of our schools than illegal drugs. Student drug use, as already has been pointed out this morning, is at striking levels, and students have been using drugs at younger and younger ages and using more and more potent and dangerous drugs.

As you know, the Reagan administration has a longstanding record of leadership in combating drug abuse throughout our society. In particular, the First Lady has worked tirelessly against drug use by our children.

Eliminating the scourge of drugs from our schools has also been among the chief concerns of Secretary Bennett since he took office nearly 2 years ago. There is no issue about which he feels more strongly.

During his time in office, in visits to schools across the country Secretary Bennett has met with parents, teachers, principals, law enforcement officers, and others to discuss this problem. Shortly after he took office, he directed that the Department staff learn all we can about effective prevention programs.

What have we learned? What can be done to combat drug abuse in our schools?

First, students should be taught that the use of drugs is wrong and harmful. This is a good foundation. It should be taught to students throughout this country. We should work to ensure that students also receive a strong antidrug message through the media and from fellow students.

But a look at the schools and communities that have succeeded in beating drugs indicates that the single most important factor is the effort, the diligence and responsibility and perseverance of those at the local level, of parents, teachers, principals, the police, and other members of the community and responsible adults.

Drug education can be an important ally in the campaign against drug abuse. But there is no course, no new book or video, that can replace tough school drug policies that are fairly and rigorously enforced. There is no substitute for the powerful message, conveyed and enforced by adults, that drug abuse will not be tolerated.

There are several ways in which the Department of Education is helping to get drugs out of our schools. Last March, Secretary Bennett announced the Department would prepare a guide to effective prevention programs in our schools identifying the common elements of such programs.

In September, the Department followed through on that commitment, and released "Schools Without Drugs," a how-to guide to overcoming student drug use. It is based on the research of drug prevention experts and on the experience of schools, parent groups, and law enforcement officials working at prevention across the country.

Educators have welcomed "Schools Without Drugs." Sam Sava, Executive Director of the National Association of Elementary School Principals, has said it will be an enormously helpful document to principals. And Scott Thompson, the Executive Director of the National Association of Secondary School Principals, has told us this book is exactly what is needed.

Most of all, the American people have welcomed this book. Grandmothers, counselors, nurses, ministers, mayors, all kinds of people, including students, have been asking for copies. And administrators at the places "Schools Without Drugs" talks about—model schools like Northside High in Atlanta, Anne Arundel County District in Maryland and Samuel Gompers High School in New York City—tell us they have been getting dozens of calls from other school officials who want to replicate their success.

We have distributed approximately 1.2 million copies of "Schools Without Drugs" in just over 4 months.

Last year, the administration also proposed $100 million for the Department of Education to assist in school-based drug prevention efforts. Following congressional enactment of the Drug-Free Schools and Communities Act last September, the Department has made special efforts to make the new funds the act provided available to the States as quickly as possible.

This week, Secretary Bennett and I and other Department officials met with school board members, Governors' representatives, and representatives from educational agencies in the States to brief them on the requirements governing the use of the funds and on the ways in which we believe those funds may be employed most effectively.

For fiscal year 1988, we have asked Congress for $100 million for drug-free schools, the same amount requested last year. There are several reasons we requested $100 million for this program in fiscal year 1988. It is partly a question of available resources and partly a question of responsible use of resources.

We anticipate——

BUDGET PROPOSAL

Senator CHILES. And partly because if you all thought up $100 million, that is all the hell that ought to be spent, and no matter what the Congress says you do not care, you do not give a rip. If it was your idea to have $100 million, that is what it ought to be. Congress can say there has got to be more than that, but next year we will be back to our $100 million.

That is an attitude that is there. I do not know why the heck it is there. But you do not think we count. Have you ever read the Constitution? It says the Congress shall appropriate and tax and spend the money, direct what should be spent.

Mr. WALTERS. I believe that the requests submitted are consistent with constitutional provisions, Senator. We are not trying to subsume the responsibilities of Congress, but the executive branch has the opportunity and responsibility to submit a budget proposal.

We are not obstructing Congress. We are more than happy to discuss our proposals, as we are doing today, as we offered to do at the time the bill was originally passed. We are not trying to thwart your will.

The Secretary and I and members of our staff met, when most of this town was closed down on Monday and Tuesday, with State officials, in order to try to get the money that Congress appropriated last year out to the States. We are not trying to obstruct anybody. There is a difference of opinion between us about the level of money that is necessary.

That does not, however, reflect any difference in concern between the Members of the Congress and the members of the executive branch, from the President on down, about the seriousness of this problem and the appropriateness of prevention efforts in the schools.

Senator D'AMATO. Mr. Walters, do you think $100 million is sufficient for the education program?

Mr. WALTERS. If the only source of funds is Federal money to fund programs in the schools, no, it will not be sufficient.

ALLOCATION OF FUNDS

Senator D'AMATO. Are you also suggesting that, in terms of allocation of these funds, that the need, the numbers of students, will also be looked at in terms of matching funds, or the dollars that come from States as well?

Mr. WALTERS. Yes; it could be looked at.

Senator D'AMATO. Wait a minute. Do not tell me it could be. On the one hand, we are getting sounds that we do not look at what money comes from the States, and on the other hand you are saying, well, $100 million in and of itself from just a Federal source will not be sufficient. So are you not going to encourage locals to come up with money?

Mr. WALTERS. Sure we will.

Senator D'AMATO. Should that not be rewarded?

Mr. WALTERS. The research now is 72 percent of kids surveyed nationally say they have had some form of drug education programs.

There is money being spent. The examples that we have used—in Anne Arundel County, MD, for instance, the average expenditure per student is $1.60 for the program that services over 120,000 students.

In Duval County in Florida, there is another model prevention program that we have reviewed. They spend about $2.08 per student.

Senator CHILES. Will $6,000 a school district handle either one of those programs?

Mr. WALTERS. The State funds in this bill come out this year to approximately $2.50 per student. Under our proposal, it will be $1.25 per student. Using the two programs I just mentioned as an example, the Federal Government will be paying virtually the entire cost plus for such program expenditures or the lion's share of the cost with the request that the Department has submitted.

Senator D'AMATO. I would like to make an observation that the $100 million is totally unsatisfactory. It flies in the face of what the administration and the Congress worked out last year, and it is totally dishonest with the American public.

It is my feeling it is a deception on the American people to say that, we are giving you $100 million, when you have cut back $100 million. You have got a $200 million level this year. If I read your statement, I would not even really know that that $200 million was there.

I see, since we anticipate that much of the $200 million appropriated for this year are startup costs. Are you talking about buying the one book, that is the startup costs, and then we will have the kids just pass the book around?

Mr. WALTERS. Many of the startup costs involved in these programs—the teacher training, materials acquisition, or a variety of other costs.

ADEQUACY OF RESOURCES

Senator D'AMATO. The $100 million is not enough. You have got a national epidemic that is killing our youngsters, and we do not think we have the slightest idea that it is taking place when we come forward with this kind of ill-conceived allocation.

Because you know what it does? It sends the wrong message. It sends the message that we are not really serious, that we are not acknowledging the problem. We ought to be ashamed of ourselves just for doing that.

And I will tell you something else. You know what the American public thinks of this? Those politicians are a bunch of phoneys. Oh, before the election they were going to rush forward and say, yes, we are for fighting drugs, and then right after the election we cut the heck out of the budget in the very area in which we should be doing more.

Mr. WALTERS. With all due respect, I think the greatest disservice we will do in the Federal Government in either branch is to make this discussion one of the amount of money we spend as a measure of the seriousness and the truth about what works in prevention.

The fact of the matter is, no matter how much we spend, $400 million, $600 million, we know from looking at schools it is policies, it is parents.

Senator CHILES. I wish we could——

Mr. WALTERS. You had two children testifying here this morning who said drugs are available in their schools. Some kids are going to their schools to get drugs. We do not need a prevention program with Federal money. Who are the principals? Where are the parents? Where are the local officials policing those schools?

The schools that have turned around that we have looked at carefully in our research—that we'll be happy to arrange for you to visit—have said, we are going to clean up our schools, we as parents and teachers are going to supervise our children, we are going to make it clear in our words and our actions that drug use is something that is going to stop in this community.

Senator CHILES. Mr. Walters, I wish I could transfer you to the Department of Defense. It is so interesting to hear this administration speak through your mouth—and, of course, we asked the Secretary and we asked the Deputy Secretary and we asked the Assistant Secretary, and we could not get those up here.

But it is very interesting to hear you speak for the administration and say there is no relation between the amount of money that we put into this program and what the results are. We do not hear that when it comes from the Department of Defense. We do not hear that when it comes from the Secretary of Defense. We do not hear that when it comes from the President of the United States in regard to defense.

Now, the Senator from New York and the Senator from Florida think this is defense, the first line of defense. If you do not defend yourself here with your children, you do not defend yourself against any Russians or anybody else. So we want the same rhetoric, we want the same kind of statements.

If you have got to have 5 percent real growth in defense or 3 percent, then why do you have to have this? Different reasons. One is to show our NATO allies our commitment, one is to show the Russians our commitment, one is to show the American people our commitment.

Where in the heck is the showing of our commitment here when we are talking about it? And I read something in your statement, page 7:

> Let us ask that districts receiving funds first assess the extent of their drug problem, and then set goals for eliminating it. Let us ask them, before receiving Federal funds a second or third year, they demonstrate substantial progress toward those goals.

That sounds real good. Do we ask the Florida National Guard or the New York National Guard to show us how good you are before you get any Federal assistance? Do we ask the regiments that are——

Mr. WALTERS. I do not believe the war on drugs has to be fought at the expense of cutting moneys from the Defense Department. But Congress asks Defense Department representatives repeatedly during the course of the year to provide evidence that they are spending money wisely. And you may disagree with the levels, but they have to justify programs and expenditures.

The point in regard to drug prevention is how we spend the money.

Senator CHILES. Are you telling me that your Department is incapable of spending over $100 million wisely?

Mr. WALTERS. No, sir.

Senator CHILES. I am glad to hear that.

Senator D'AMATO. Let me say along that line, Mr. Walters, you know, I do not think Senator Chiles or I really believe that just a bottomless pit of money is going to solve the problem.

But if you have standards and if you have seen programs that work, and if you want to build criteria, my God, suggest it and you will find that Congress will undertake it.

Mr. WALTERS. We did that.

DEMONSTRATED EFFECTIVENESS OF PROGRAMS

Senator D'AMATO. Let me tell you something. I asked for model programs, and I have met numerous times, numerous times—and I know you are an expert in this area, and nobody has come forward to me and said, these are three or four of the model programs.

But if you have got criteria that you want to suggest for schools to be eligible for these dollars, we welcome that.

Mr. WALTERS. They were in the original administration proposal last fall.

Senator D'AMATO. If you have them—and I am certain that we can schedule another hearing—I would like you to come forward and testify in detail, not just buried away in the bottom of 1,000 pages, what those criteria should be.

And let me tell you, as Mrs. Ridell and others——

Mr. WALTERS. Senator Chiles just read it. All we ask is that the money be used effectively.

Senator D'AMATO. I do not want to hear that. That is nonsense.

Mr. WALTERS. We asked them to submit a plan, assess the problem, and demonstrate that they were making progress for continued funding. That was the essence of our proposal.

"SCHOOLS WITHOUT DRUGS"

Senator CHILES. What were your policies to show them what ought to be in that plan? What are your policies as to what the program should be?

I read this book and it is excellent. I understand it is the second most asked for document right now that is being printed. But as I read this—and I think everything in this should be followed—this is dismal. It is talking about random testing, it is talking about how you use dogs, it is talking about great discipline.

And I think every school needs that.

Mr. WALTERS. It does not emphasize dogs and testing. It emphasizes the importance of policies, working with parents and schools and communities. It talks about drug education. It gives principals some effective——

Senator CHILES. What does it say in here about how to educate people about drugs? Are you saying that is your job? We are trying to say that is your job.

Tell them what you want them to teach. Give them some criteria.

Mr. WALTERS. It talks about curriculum.

Senator CHILES. In here?

Mr. WALTERS. Yes, sir.

Senator CHILES. I hear what schools can do. Just a minute. I read what schools can do. They can determine the extent and character of drug use and establish a means of monitoring that use rigorously.

They can establish clear and specific rules regarding drug use that include strong and corrective action. They can enforce and establish policies against drug use fairly and consistently, implement security measures to eliminate drugs on the premises.

Mr. WALTERS. It also recommends implementing comprehensive drug prevention curriculum for kindergarten through grade 12, teach that drug use is wrong and harmful and support and strengthen students' resistance to drugs; reach out to community members—that includes parents and other members of the community—to gain support in passing on this message and enforcing it and supervising children's activities.

Page 44 of "Schools Without Drugs" has a description of the characteristics of the most effective drug curricula. There is a list of resources in back of this book, and names and phone numbers of parents groups around the country that have been working in the prevention effort and providing referrals for effective curriculum material.

FUNDING FOR DRUG ABUSE PREVENTION

Senator CHILES. Again, as I say, I think it's a good booklet. I'm glad to see it. I hope there will be another booklet that comes along that says more about what that curriculum should be.

We're not asking you to be a conduit and a fellow to pay for this. One hundred million dollars is a drop in the bucket. What are we spending on drug prevention? We were spending $1.4 billion at the time that you all were spending $3 million.

And we said we want to do a little something more than that. It wasn't very much more. And we said we're going to $200 million. If we're spending $1.4 billion on the enforcement side? $1.4 billion? And we add to that on the enforcement side.

You know that's $1.4 billion that we're spending out there for policemen, for Coast Guard, for Customs, for Justice Department. And we think that's necessary. Relate that to $200 million that we're saying go from $3 million to $200 million.

Now, if your department in its vastness can't handle that kind of money, we've got the wrong department. We've got to give it somewhere else.

Mr. WALTERS. I don't believe you'll find many people that have had contact with us since the legislation passed that would suggest that we have not acted in an exemplary fashion and expedited the deployment of funds.

Senator CHILES. When you leave here today, you go back down that street and you tell whoever you get to see, the Secretary, the Assistant Secretary, and the rest of them, get ready to spend $200 million, because I guarantee you, it's going to be coming.

And next year you can send your budget back for $100 million, and you can come and give us the same reasons, if you want.

Mr. WALTERS. I respect our difference of opinion on this. I don't doubt that you're committed to fighting drug abuse. I've looked at your record. You have been committed. I don't think that's at all an issue between us.

But let me say this: I think, as you talk about the money, you have to be clear to the American people that unless we supervise our children, talk to them as parents—and we shouldn't require some school counselor to talk to our children about this.

MEMBERS COMMENTS

Senator D'AMATO. Mr. Walters, for God's sake, don't you know what's happening in life? Do you know how many kids don't have parents to talk to them? Do you know how many kids have parents that are bad alcoholics? Do you know how many kids come from divided homes?

Get in the real world. Let's stop talking about——

Mr. WALTERS. Senator, we face all those conditions and——

Senator D'AMATO. Hold on. If you've got some model programs and you've got some criteria for the use of it, that's fine; utilize that.

But let me just tell you something. Stop this simplistic nonsense about we have a problem saying no to drugs.

Mr. WALTERS. I did not say that, Senator.

Senator D'AMATO. I am just saying that is the kind of nonsense and verbiage I have heard continually, and the Senator is responding to that, as well, and you are going to get $200 million, and do not tell me that the problem is not so severe that we do not desperately need that, and there are districts. If you want to develop a criteria for the use of those dollars and reward those districts based upon their contribution and based upon their success rates, that's terrific. You will find I think that both Senator Chiles and I love that. But for you to come here and say you do not need the money, that is nonsense.

EFFECTIVE USE OF FEDERAL FUNDS

Mr. WALTERS. We will be happy to talk about criteria, but again I think the difference is we are not talking about a bidding war here. Why not $400 million, or $600 million? The question is how we use it. We have tried to make recommendations in good faith that we think can increase the effectiveness of Federal funds. If you dump money into this area before schools can absorb it, without any restrictions for using it effectively, and without measures of progress that keep people's eyes on their responsibilities, we will waste both money and effort. There are schools serving students with all the disadvantages that you listed that have beaten their drug problem.

If you just dump money into this area, it is not just a matter of wasting funds, you also foster misguided efforts. That is what we are trying to prevent, in all candor. It is not an indictment of the Congress. It is what we think has to be kept in mind in this discussion.

Senator CHILES. I think the difference here may be one of what you think and what we think. We hope that you can design programs that will spend this money efficiently and effectively, and that will trigger the States to doing something more. That is what we are trying to do here. We just think that you cannot have statements like the Secretary says there is no issue about which he feels more strongly, and the President can say there is no issue about which he feels more strongly. Some of us feel strongly, too, and we are determined to see that we try to induce these States and local governments to do something.

Now if they were handling it there, we would not have a problem.

Mr. WALTERS. I agree.

Senator CHILES. We would not have a statement that 1 out of 10 can get treatment. We would not have statements that 50 percent of a class is chemically dependent. We would not have that. Now the States tell us they are having a tough time getting the resources. We do not know entirely whether that is true or not, but we feel there is some responsibility on our part, and that is how Federal aid for education comes about, I think. It is to trigger. It is to direct. It is to induce, and that is what we are attempting to do here.

LOCAL FUNDING PRIORITIES

Mr. WALTERS. And we agree. We agree the money should be spent. Again, we are not saying no money should be spent. We support the expenditure of funds, and we certainly will carry out the will of Congress in the act as it stands now. We are doing that vigorously. But let me say one other thing that has to be mentioned here.

Illegal drug use represents the greatest threat to our children based on the data we have looked at. When you talk to school district people, or when you talk to State officials—and they have to make tough budget choices just as we do here in Washington—but when they say we have not got the money to do this, I think they also have to be asked, what is the higher priority? To clean up your schools. To get the pushers off the school grounds. To meet with parents. To bring in police, if you have a serious problem. What is the higher priority for their expenditure of funds?

DESIGN OF A MODEL PROGRAM

Senator CHILES. Mr. Walters, if you are concerned about that, you design a program that says they have to make this a priority item to get these funds, or to get some of the other Federal funds. You make that kind of proposal, and you come up here, and you see whether we will back you up on it or not, but do not say we are going to wait until they get ready to go. We cannot do that. We are not going to do that. We are going to use the Federal apparatus to get them going.

Mr. WALTERS. Absolutely. Again, some of these provisions were contained in the administration's proposal, but in the fall we did not get a chance to discuss them in detail. I am pleased to hear we can discuss adding them through future legislation. I think it would be an improvement. We would be happy to work with you on it.

Senator D'AMATO. Mr. Chairman, I would make an observation. First, on my own, when I read the testimony on page 2 and you indicate, Mr. Walters, that there is no issue about which the Secretary feels more strongly than that of drugs, and one of his first utterances publicly was to get drugs out of our schools and out of our children, this would appear to be a variance from the rhetoric that we hear that $100 million is sufficient and there is no need for the $200 million.

I would like to echo the chairman's thoughts again. You have an obligation to come forward and to put forward meaningful criteria to see that those dollars are used wisely. I have seen programs, we have all seen programs where the dollars have been allocated for multiple purposes and have been spent. So come forward and help us, and in that way you will be helping some of those districts, as well. That is what Senator Chiles is saying, and I echo that.

EFFECTIVE PROGRAM IMPLEMENTATION

Mr. WALTERS. And we met with State representatives this week and helped give them not only guidance on how to push the paper, but how to implement effective programs.

Senator D'AMATO. You design it. Come up here, and if you want to set down certain criteria and see to it, we want those dollars going where they are going to be best used in programs that have a chance of success. There is no one in here who does not want that.

Second, on behalf of Senator Weicker, I would like to make an observation. In your justification for reducing the drug-free school funding by 50 percent from $200 million in 1987 to $100 million in 1988, you indicated, and I quote, "We also believe strongly that continued funding should be contingent upon demonstrated results."

I wonder if you are aware that the Department's fiscal year budget in 1988 would increase the new income contingent loan program under student financial assistance? And by the way, I am not opposed to that, but from $5 million in 1987 to $600 million, that is a 12,000-percent increase in 1 year without the same benefits and demonstrated results.

How do you on the one hand come forward and say we have not had an opportunity to measure the effectiveness, and on the other hand with the same program for the same length of time you go from $5 million to $600 million?

INCOME CONTINGENT LOAN PROGRAM

Mr. WALTERS. Well, sir, the efforts the Department has made to reform the financing of education assistance are a result of the problems we face with the present system. The debt burden that students carry due to the cost of higher education, the burden the Government carries in supporting loans to students and to those who are arguably not in need of Federal support and Government subsidy, is too great.

The Department has tried to make an honest, innovative suggestion here. We have some time to head off a serious difficulty in the loan program funding. We suggested a small, experimental program last year. We suggested a larger one than Congress gave us.

We do not believe this is a high-risk program. It does not violate the experience the Government has had in other programs. We think it is responsible to expand this program, to get students to college and better handle the repayment of the loans that they take out, and to allow the Federal Government to make economies in this time and the budget limitations.

Senator D'AMATO. Mr. Walters, let me once again stress to you my desire to see us as leaders. The States and the school districts in many cases have not come forth. Maybe some of our school districts have not had the capability. I think it is rather shocking that most of our States have really not designed a model program as it relates to drug crisis intervention, prevention, and education. That has been going on for many, many years.

You have now an opportunity, a window of opportunity, with a rather small pool of dollars, given the fact that you have a budget of $19.5 billion, and we are now talking about a program anywhere between $100 to $200 million. I think that $200 million is going to be there. Get ahead of the curve. Go find the kind of model programs that bring in the disciplines that make sense, not that are designed to disqualify people. Encourage them to come in with the kinds of programs that are successful. If you were to do that, you would be doing more for America, our young people, our defense, and our educational efforts than I think has been done in a long time.

The people are looking for answers. What programs work? What criteria should there be?

PROGRAMS THAT WORK

Mr. WALTERS. We have been working in that area, and we will continue.

Senator D'AMATO. Let's come forward with that. I think that is what Senator Chiles was making mention of. We want to see that those dollars are spent wisely. If that is the case, you will find a rush from school districts and States throughout the country coming forward to adopt those kinds of programs.

Mr. CORWIN. The point John makes is we have been doing that. We were well ahead of the curve before Congress took the initiative last year to pass legislation. We got to work on that book. It has been very popular. We are going to do more things like that.

Senator D'Amato. I am going to set you up next week to come into my office and spend about 3 hours to give us some of this criteria, and I am sure the chairman will make time, and we will schedule some hearings to see those. Let's get those programs up here. Let's start working on it.

Mr. Walters. We would be pleased to.

Senator D'Amato. It is a catch 22. We thank you so very much. Get prepared for the $200 million for next year's level.

[A brief recess was taken.]

ADDITIONAL COMMITTEE QUESTIONS

Senator D'Amato. Senator Weicker has some questions for the record which we will ask you to respond to.

Mr. Walters. We will be glad to answer the questions.

[The following questions were not asked at the hearing but were submitted to be answered for the record:]

QUESTIONS SUBMITTED BY SENATOR LOWELL P. WEICKER, JR.

DRUG-FREE SCHOOLS AND COMMUNITIES -- HIGH RISK YOUTH

Question: Under the law I understand that 50 percent of grants going to State governments would be reserved for "Innovative Community-Based Programs of Service to High Risk Youth." Do you have any estimates as to the number of high risk youth there are nationwide?

Answer: Subsection 4122(b) of the Drug-Free Schools and Communities Act of 1986 mandates that at least 50 percent of the funds available to the Governor of a State for State programs shall be used "for innovative community-based programs of coordinated services for high-risk youth." Subsection 4122(b)(2) of the act establishes a very broad definition of "high risk youth" to be used in implementing that mandate. As defined in subsection 4122(b)(2), the term "high risk youth" means an individual who has not attained the age of 21 years, who is at high risk of becoming or who has been a drug or alcohol abuser, and who: (a) is a school dropout; (b) has become pregnant; (c) is economically disadvantaged; (d) is the child of a drug or alcohol abuser; (e) is a victim of physical, sexual, or psychological abuse; (f) has committed a violent or delinquent act; (g) has experienced mental health problems; (h) has attempted suicide; or (i) has experienced long-term physical pain due to injury.

The Department does not have a specific estimate of the number of such high risk youth. However, the following estimates for some of the components of the above definition may be helpful in understanding the size of the "high risk" population.

- An estimated 700,000 young people leave high school each year without graduating. (Source: Education USA.)
- An estimated 1,005,000 pregnancies occurred among girls aged 15-20 in 1984. (Source: the Allen Guttmacher Institue.)
- An estimated 9,334,000 youth aged 5-17 are counted for the purpose of making Chapter 1 formula allocations.
- An estimated 570,000 youth (under 18 years of age) were arrested for a serious crime in 1984. (Source: Federal Bureau of Investigation, Crime in the United States, annual.)
- An estimated 2,052,000 high school students aged 15-19 in 1984 had attempted suicide at least once in their life as of 1984. (Source: Kim Smith and Sylvia Crawford, "Suicidal Behavior Among 'Normal' High School Students." Journal of Suicide and Life Threatening Behavior, 1986.)

Since many high risk youth would have more than one of the above characteristics, any estimate of the number of high risk youth would be smaller than the sum of the number of individuals estimated for these components of the definition.

Question: What percentage would be served by programs based on the fiscal year 1987 appropriation?

Answer: Given the lack of a more specific estimate of the number of high risk youth, it is not possible to estimate the percentage that would be served by programs based on the fiscal year 1987 appropriation. Additionally, because programs funded by the fiscal year 1987 appropriation have not yet begun, it is not known how many high risk youth will be served by those programs. This will depend on how States use the money.

Question: How would these programs fare under the 50 percent reduction in funding as you propose? What non-Federal sources would be available to pick up the slack?

Answer: How programs for high risk youth will fare under the Department's fiscal year 1988 budget request for Drug-Free Schools and Communities will depend upon several factors: the nature of the programs funded by the States; how effective these programs are; and how much of the fiscal year 1987 appropriation for Drug-Free Schools and Communities allocated for programs for high risk youth is actually spent in fiscal year 1987. Funds from the fiscal year 1987 appropriation for Drug-Free Schools and Communities are available for two years. Some of these funds will not be spent until fiscal year 1988. Also, the governors may, if they choose, spend more than 50 percent of the funds available to them under this act for programs for high risk youth. Drug prevention - for high risk youth and others - is not the responsibility of the Federal Government alone. States are, appropriately, enacting their own programs. They should pick up the slack when Federal funding (for start-up costs) is reduced. Local and private sector sources of funding would also be available for such programs.

DRUG-FREE SCHOOLS AND COMMUNITIES ACT--LAST YEAR'S REQUEST

Question: Mr. Walters, In your statement you indicate that the request of $100 million for fiscal year 1988 drug-free schools activities is the same as the Department proposed last year. The Congress, in turn, appropriated $200 million for these activities.

For the record, so there will not be any confusion, was your fiscal year 1987 request based upon new funding, or would you, had Congress let you, have taken the funds from other existing programs?

Answer: The request of $100 million for fiscal year 1987 was based on a redistribution of funds from other programs of lower priority. This reallocation of funds within the Gramm-Rudman-Hollings Balanced Budget Act targets for 1987 was deemed necessary because of the urgent need to address the problem of illegal drug use among our school-age population.

Question: Do you recall what programs would have been reduced in order to pay for the proposed request to combat what the administration considers to be the major education problem facing our schools?

Answer: In September 1986, the President submitted an amendment to our budget request for fiscal year 1987 that would implement the Drug-Free Schools and Communities Act. This amendment provided $100 million for this new legislation and at the same time would have eliminated funding for the existing $3 million Alcohol and Drug Abuse Education program authorized by Chapter 2 of the Education Consolidation and Improvement Act (ECIA). The activities historically supported under the Chapter 2 program were also authorized in the Drug-Free Schools and Communities Act, making the ECIA funding duplicative of the new program. The net increase of $97 million would have been offset by a reduction in the request for the proposed Work/Grants consolidation under Student Financial Assistance.

STATEMENT OF JOHN G. DAIGLE, EXECUTIVE DIRECTOR, FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION

Senator D'AMATO. John Daigle, Executive Director for the Florida Alcohol and Drug Abuse Association.

Mr. DAIGLE. Thank you.

My name is John Daigle, and I am Executive Director of the Florida Alcohol and Drug Abuse Association. I am here representing the association, which is a nonprofit membership organization, and we represent more than 70 substance abuse treatment and prevention agencies throughout Florida.

I am here to tell you that Florida is facing an unprecedented demand for alcohol and drug abuse treatment services, a demand which has not decreased in the last few months, but which has, in fact, continued to increase.

I would like to ask you to consider the following facts:

More than 500 individuals and families in Florida are on waiting lists for treatment that is badly needed.

More than 70 people have died in the last year as a direct result of cocaine in south Florida alone.

The Dade County medical examiner's office reports an average of two deaths each week as a direct result of cocaine.

Probably the most shocking statistic which we have become aware of recently is that more and more babies are born in Florida with cocaine-related problems.

Broward General Hospital reports that 10 percent of the babies born there had cocaine-related problems. Last year about 600 babies in one hospital were born with cocaine-related problems.

The situation in Florida is compounded by the fact that the system of alcohol and drug abuse services was underfunded and overworked prior to this recent increased demand as a result of cocaine abuse. As a result, there are minimal resources available for those who are medically indigent.

I do not believe I need to belabor the extent or severity of the problem for you. You are more than aware of the severity of the problem and its effect on our lives. I would like to interject a comment about some of the shallow commitments we have seen lately.

We share your concern. We have all watched with growing concern. We have seen a new phenomenon now, and that is drug abuse abuse. As you have mentioned, it is not limited to elected officials. We have seen the issue of alcohol and drug abuse by certain members of the media who have taken the facts to meet their own needs.

Ironically, some of these same members of the press now come back to us and ask if the issue is valid, or if it is just hype, a hype which they have helped to create. The facts speak for themselves. We do have a very serious problem. Yes; we have seen the issue of drug abuse abused by some politicians running for office. Drug abuse prevention was a prominent claim in the campaign, and they are now following the issue.

In my humble opinion, individuals who have taken this approach have severely misjudged the American people. This is a public concern. It did not arise overnight. It will not go away until we adequately address the problem.

I would like to address a few concerns that we have regarding the new funds appropriated this year, as well as the administration's budget proposal for fiscal year 1988.

First of all, Congress is to be commended for passage of the act not only to provide badly needed resources for communities, but they have sent a clear message that substance abuse was a priority issue, and that the Federal Government plays a part in addressing it.

However, major problems have recently arisen regarding implementation of this emergency grant program. It is our understanding that States which have received a portion of the new moneys are being informed that they should use their program costs for a 2-year period instead of the intended 1-year period. Obviously this significantly reduces the effectiveness of the emergency initiative.

Regarding the administration's budget proposal for fiscal year 1988, our organization is extemely discouraged by the reduction in funding recommended for prevention and treatment. I have already highlighted the unprecedented demand for services and the extensive waiting list. Clearly the ability of community programs to reduce these waiting lists to treat these needs will be halted until these reductions are implemented.

The problem of alcohol and drug abuse did not arise overnight, nor will it be resolved over a 1-year period. We are also concerned about the message which these reductions send to the American public regarding the administration's long-term commitment to addressing this problem. At the State level, we are also concerned about an attitude already evolving that the new Federal funds will sufficiently address the problem, and that there is no need for additional State resources.

Part of the reason we are so far behind in addressing the substance of these problems is that every agency, every level of the Government has said this is not our problem, this is not a priority. The only way we are ever going to sufficiently have an impact on the problem is if it becomes a priority for everyone, for all agencies, for all levels of Government.

We need your support in clarifying and encouraging States involvement in clarifying the States' responsibility.

In closing, it is the opinion of the Florida Alcohol and Drug Abuse Association that the two commodities we are most in need of in order to impact on our communities are leadership and resources. You are very much aware that the problem of alcohol and drug abuse is very complex. There are no quick fixes, no silver bullets. They are also problems which arouse very strong emotions and very strong reactions.

Because of these characteristics, we have postponed dealing with the problem of substance abuse. Now more than ever we need policymakers at the Federal, State, and local level who will work through these complex and emotional problems to implement effective policies, policies which address the demand side. The demand side has become a popular buzzword, but we do not yet have a balanced approach which provides resources in this area.

From our perspective, the time is right. Communities are crying out for programs. They are crying out for leadership and resources. If we can get that leadership, we can get those resources, we feel we can make a difference and we can reduce substance abuse in Florida.

That concludes my comments. I will be glad to answer any questions you have.

PREPARED STATEMENT

Senator D'AMATO. Thank you. We will place your statement in the record at this point.

[The statement follows:]

Statement of John G. Daigle

I AM HERE TODAY REPRESENTING THE FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, WHICH IS A MEMBERSHIP ORGANIZATION OF MORE THAN 70 SUBSTANCE ABUSE TREATMENT AND PREVENTION AGENCIES THROUGHOUT FLORIDA, AS WELL AS MORE THAN 1,000 INDIVIDUALS CONCERNED ABOUT THE MANY PROBLEMS ASSOCIATED WITH ALCOHOL AND DRUG ABUSE.

I AM HERE TO TELL YOU THAT FLORIDA IS FACING AN UNPRECEDENTED DEMAND FOR ALCOHOL AND DRUG ABUSE TREATMENT SERVICES; A DEMAND WHICH HAS NOT DECREASED IN THE LAST FEW MONTHS, BUT WHICH HAS IN FACT CONTINUED TO INCREASE.

I ASK YOU TO CONSIDER THE FOLLOWING FACTS:

- MORE THAN 500 INDIVIDUALS AND FAMILIES ARE ON WAITING LISTS FOR BADLY-NEEDED SUBSTANCE ABUSE TREATMENT;
- MORE THAN 70 PEOPLE HAVE DIED IN THE LAST YEAR AS A DIRECT RESULT OF COCAINE IN SOUTH FLORIDA ALONE;
- THE DADE COUNTY MEDICAL EXAMINER'S OFFICE REPORTS AN AVERAGE OF TWO DEATHS EACH WEEK AS A DIRECT RESULT OF COCAINE;
- IN A RECENT SAMPLE OF ARRESTEES IN DADE COUNTY, 90% HAVE DRUGS OTHER THAN ALCOHOL IN THEIR SYSTEMS AT THE TIME OF ARREST;
- FLORIDA'S CRIME RATE IS UP 14% AND MOST LAW ENFORCEMENT OFFICIALS ATTRIBUTE THE INCREASE TO COCAINE.

AND PROBABLY MOST SHOCKING OF ALL THESE STATISTICS, IT HAS RECENTLY COME TO OUR ATTENTION THAT MORE AND MORE BABIES ARE BORN IN FLORIDA WITH COCAINE RELATED PROBLEMS:

- **BROWARD GENERAL HOSPITAL REPORTS THAT 10% OF THE BABIES BORN THERE THIS PAST YEAR HAD COCAINE RELATED PROBLEMS (600 BABIES)**

FLORIDA'S PROBLEM IS COMPOUNDED BY THE FACT THAT THE SYSTEM OF ALCOHOL AND DRUG ABUSE SERVICES WAS UNDERFUNDED AND OVERWORKED

PRIOR TO THIS RECENT INCREASED DEMAND FOR SERVICES. AS A RESULT, THERE ARE MINIMAL RESOURCES AVAILABLE FOR THOSE WHO ARE MEDICALLY-INDIGENT.

I DO NOT BELIEVE THAT I NEED TO BELABOR THE EXTENT OR SEVERITY OF THE PROBLEM. OVER THE PAST SEVERAL MONTHS, CITIZENS THROUGHOUT FLORIDA AND THE COUNTRY HAVE EXPRESSED THEIR ALARM, PARTICULARLY WITH THE EMERGENCE OF "CRACK" COCAINE. YOU ARE ALL MORE THAN AWARE OF THE SEVERITY OF THE SUBSTANCE ABUSE PROBLEM AND IT'S DIRECT IMPACT ON OUR CRIME RATE, OUR EDUCATIONAL SYSTEM, OUR FAMILIES, AND JUST ABOUT EVERY ASPECT OF OUR LIVES.

I WOULD HOWEVER, LIKE TO EXPRESS SEVERAL CONCERNS REGARDING THE ADMINISTRATION'S IMPLEMENTATION OF THE NEW FEDERAL FUNDS APPROPRIATED THIS YEAR AND THE ADMINISTRATION'S BUDGET PROPOSAL FOR F.Y. 1988.

CONGRESS IS TO BE COMMENDED FOR PASSAGE OF THE ANTI-DRUG ACT OF 1986. NOT ONLY DID IT PROVIDE BADLY-NEEDED RESOURCES FOR COMMUNITIES, IT SENT A MESSAGE THAT SUBSTANCE ABUSE WAS A PRIORITY ISSUE AND THAT THE FEDERAL GOVERNMENT WOULD PLAY ITS PART IN ADDRESSING IT.

HOWEVER, MAJOR PROBLEMS HAVE RECENTLY ARISEN REGARDING IMPLEMENTATION OF THIS EMERGENCY GRANT PROGRAM. IT IS OUR UNDERSTANDING THAT STATES WHICH HAVE RECEIVED APPROVAL FOR A PORTION OF THE NEW EMERGENCY TREATMENT MONIES ARE BEING INFORMED THAT THE EMERGENCY FUNDS SHOULD BE USED TO COVER PROGRAM COSTS FOR A TWO-YEAR PERIOD, INSTEAD OF THE INTENDED ONE YEAR PERIOD. THIS WILL SIGNIFICANTLY REDUCE THE EFFECTIVENESS OF THIS INITIATIVE.

REGARDING THE ADMINISTRATION'S BUDGET PROPOSAL FOR F.Y. 1988 OUR ORGANIZATION IS EXTREMELY DISCOURAGED BY THE REDUCTION IN FUNDING RECOMMENDED FOR TREATMENT AND PREVENTION. I HAVE

ALREADY HIGHLIGHTED THE UNPRECEDENTED DEMAND FOR SERVICES FACING PROGRAMS AND THE EXTENSIVE WAITING LISTS.

CLEARLY, THE ABILITY OF COMMUNITY PROGRAMS TO REDUCE THESE WAITING LISTS AND TO TREAT THOSE IN-NEED WILL BE HALTED SHOULD THESE REDUCTIONS BE IMPLEMENTED. THE PROBLEMS OF ALCOHOL AND DRUG ABUSE CERTAINLY DID NOT ARISE OVERNIGHT, NOR WILL THEY BE SOLVED OVER A ONE YEAR PERIOD.

IN ADDITION, WE ARE CONCERNED ABOUT THE MESSAGE WHICH THESE REDUCTIONS SEND TO THE AMERICAN PUBLIC REGARDING THE ADMINISTRATION'S LONG-TERM COMMITMENT TO ADDRESSING THIS PROBLEM.

AT THE STATE-LEVEL, WE ARE CONCERNED ABOUT AN ATTITUDE ALREADY BEGINNING TO DEVELOP THAT THE NEW FEDERAL FUNDS WILL SUFFICIENTLY ADDRESS THE PROBLEM AND THAT THERE IS NO NEED FOR ADDITIONAL STATE RESOURCES.

PART OF THE REASON WE ARE SO FAR BEHIND IN ADDRESSING OUR SUBSTANCE ABUSE PROBLEM IS THAT EVERY AGENCY HAS SAID, "THIS IS NOT OUR PROBLEM, THIS IS NOT A PRIORITY." THE ONLY WAY WE WILL EVER SUFFICIENTLY IMPACT ON THE PROBLEM IS IF IT BECOMES A PRIORITY FOR EVERYONE, FOR ALL AGENCIES, FOR ALL LEVELS OF GOVERNMENT. WE NEED YOUR SUPPORT IN ENCOURAGING STATE INVOLVEMENT AND CLARIFYING STATE RESPONSIBILITY.

IN CLOSING, IT IS THE OPINION OF THE FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, THE TWO COMMODITIES WHICH WE ARE IN THE MOST NEED OF IN ORDER TO IMPACT ON OUR COMMUNITIES; SUBSTANCE ABUSE PROBLEMS ARE - **LEADERSHIP** AND **RESOURCES.**

AS YOU ARE AWARE, ALCOHOL AND DRUG ABUSE ARE VERY COMPLEX PROBLEMS, THERE ARE NO "QUICK FIXES", NO "SILVER BULLETS". THEY ARE ALSO PROBLEMS WHICH AROUSE VERY STRONG EMOTIONS AND REAC-

TIONS. BECAUSE OF THESE CHARACTERISTICS, WE HAVE POSTPONED DEALING WITH THE PROBLEM OF SUBSTANCE ABUSE.

NOW, MORE THAN EVER, WE NEED POLICY MAKERS AT THE FEDERAL, STATE, AND LOCAL LEVEL WHO WILL WORK THROUGH THESE COMPLEX AND EMOTIONAL PROBLEMS TO IMPLEMENT EFFECTIVE POLICIES AND PROGRAMS WHICH ADDRESS NOT ONLY THE SUPPLY OF DRUGS BUT TRULY IMPACT ON THE DEMAND FOR DRUGS, SPECIFICALLY, PREVENTION, INTERVENTION, AND TREATMENT PROGRAMS. THOUGH RECENT RHETORIC HAS FOCUSED ON THE PREVENTION AND "THE DEMAND SCALE" OF THE PROBLEM HAS BECOME A POPULAR KEY WORD, ADEQUATE RESOURCES AND POLICIES WHICH IN FACT IMPLEMENT A BALANCED APPROACH ARE NOT YET A REALITY.

WE ALSO FEEL THAT THE TIME IS RIGHT. COMMUNITIES ARE CRYING OUT FOR PROGRAMS. GIVEN THE NECESSARY LEADERSHIP AND RESOURCES WE CAN MAKE A DIFFERENCE. WE CAN SIGNIFICANTLY REDUCE DRUG AND ALCOHOL ABUSE IN OUR COUNTRY.

STATEMENT OF JOHN S. GUSTAFSON, DEPUTY DIRECTOR, NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

Senator D'Amato. Mr. Gustafson?

Mr. Gustafson. Thank you for the invitation to appear before you today to address the President's fiscal year 1988 budget request for drug abuse programs.

My name is John Gustafson. I am a Deputy Director for the New York State Division of Substance Abuse Services and am appearing before you today as the Vice President for Drug Abuse Issues of the National Association of State Alcohol and Drug Abuse Directors, NASADAD. NASADAD is a not-for-profit organization whose membership is exclusively comprised of the State officials designated by the Governors to administer the publicly funded drug and alcohol treatment and prevention system.

Before I begin my statement I wish to express sincere appreciation of our organization to Chairman Chiles and yourself, Senator D'Amato, for the commitment and strong leadership you show in the enactment of the Drug Abuse Act in 1986. I, too, do not want to belabor the material that has already been covered by those that have testified before me, but I would like to highlight several nationwide statistics that I think clearly show the impact of the problem in our society.

The economic cost of drug and alcohol abuse in 1983 alone amounted to $176 billion. Almost one-third of our college students have used cocaine. A minimum of 60 percent of all pediatric AIDS cases are related to drug abuse by one or both parents. Alcohol is the third leading cause of birth defects with accompanying mental retardation. That is the only one that is preventable. Clearly these illnesses are having a major catastrophic effect on the health of our Nation. In 1986, $1.3 billion was expended for publicly funded drug and alcohol prevention services. Of this amount, States provided approximately one-half of these resources, the Federal Government less than 20 percent.

Last year, when the Alcohol Drug Abuse Act was enacted it included a supplemental grant program for treatment services. The States were extremely pleased with the prospect of that Federal support. Unfortunately, this pleasure was shortlived. The President has requested no moneys as you have stated in your opening remarks and has been covered by previous speakers for the continuation of these grant programs.

In addition, the newly created Department of Education program for drug and alcohol education is being reduced by a factor of 50 percent. The Alcohol, Drug Abuse, and Mental Health Services, the block grant program which is the primary source of Federal support for drug and alcohol treatment services was also reduced in the President's budget from $509 million in fiscal year 1987 to $495 million. Aproximately 50 percent of the block grant moneys are used to support drug and alcohol services throughout the country.

The State alcohol and drug abuse directors throughout the country are extremely concerned that the President has not requested money for the supplemental treatment initiatives authorized by Congress 3 months ago. The fiscal year 1987 appropriation for this program is $163 million. We strongly encourage, and I know we can count on your support to see that this money will be restored in the upcoming budget. We believe that the act signaled a long-term commitment on the part of the Federal Government to assist States in reducing the problems with drug and alcohol abuse.

One year of new moneys for treatment services will not have a very effective or dramatic impact on our treatment system unless the funds are continued and incorporated into a long-term program. As you probably are aware, the renewal of the block grant program will be left for consideration during this congressional session. NASADAD will be advocating for a 3-year organization of this important service program and a consolidation of the newly authorized supplemental alcohol drug abuse treatment grants into the alcohol and drug portion of the block grant.

The operation grants and the 20-percent growth are also being requested. Specifically proposed authorization levels are $806 million for fiscal year 1988, $967 million for fiscal year 1989, and $1.1 billion for fiscal year 1990. We respectfully request that the Appropriation and the Budget Committees seriously consider our funding requests for these programs.

These programs aiding block grant and supplemental treatment grants are currently receiving an appropriation of $672 million in fiscal year 1987. It should be noted that the current appropriation does not bring these programs up to the fiscal year 1980 levels for suggested inflation. They reflect the real growth in Federal support in these programs over the 1980 level.

The NASADAD membership is not only concerned about the member slack in the 1988 budget request for new revenues but also the proposed administration of these moneys. Specifically, we are concerned over the fact that the Department of Health and Human Services, informing States that the emergency treatment moneys which they are receiving for fiscal year 1987 must be used to support the program over a 2-year period, in effect cutting in half the availability of moneys that Congress had appropriated.

We also understand that there is a possibility that the Office of Management and Budget will implement a portion schedule which allocate fiscal year 1987 moneys over eight quarters or 2 years instead of a single fiscal year. It is impossible for a treatment program center to mount the additional capacity necessary to bring people in need of services into the helping care that they need. If the money is piecemealed out in that kind of a fashion. The additional facilities that are necessary, the staff to supply the needs and services just cannot be mounted in that fashion.

If the emergency treatment moneys are allocated in States over a 2-year period and the State directors allocate these moneys over a 2-year period, the impact of this Federal initiative will be drastically reduced.

NASADAD estimates that 220,000 additional clients in this country could receive treatment services if the full amount of appropriation for these initiatives are needed to provide these States. However, if this money is allocated in small sums over eight quarters it could be expected that only one-half or 110,000 additional clients will receive treatment services.

In addition, many States have indicated that they would utilize the supplemental money to open new programs for adolescents and the homeless. These initiatives require a significant amount of startup moneys and cannot be implemented if the moneys are spread over eight quarters. In summary, Mr. Chairman, we encourage your committee and other Members of Congress to direct HHS to refrain from requiring States to utilize the 1987 supplemental treatment moneys over a 2-year period.

Also, we encourage the chairman to request the Office of Management and Budget immediately to release the supplemental funds so that these moneys can be effectively utilized by the States for the purposes for which they were authorized, to expand treatment capacity through a joint Federal-State effort to reduce the staggering impact of drug and alcohol abuse throughout our Nation.

Again, thank you for the opportunity to testify.

Senator CHILES. Thank you.

I am sorry, Mr. Daigle, I missed your testimony. I had to run to the Appropriations Committee on a homeless bill. I look forward to reading your testimony in the record. I know your association acts as a clearinghouse for referrals to drug treatment programs. I know you said the demand has increased over the past few years. What are the waiting lists for admission in the programs in Florida? And I would like to know that in New York.

Mr. DAIGLE. Senator, there are over 500 individuals and families in Florida who are badly in need of treatment who at this time cannot get into the program. When we talk about waiting lists, we are not talking about a waiting list for a dentist appointment to fill a tooth. For many people this is a life and death situation. The research shows that most of these folks who cannot get into treatment continue to use drugs and then end up in jail.

Senator CHILES. And in New York?

Mr. GUSTAFSON. We have some 46,000 people currently in treatment. We have a waiting list in excess of 1,000 people. One thousand is a very misleading figure. Most of our programs are at 100 percent capacity or above. People that are trying to have access to treatment get frustrated, take their names off, and do not even bother to present themselves. So 1,000 is a gross——

Senator CHILES. If both of you say that treatment was available it would be more than 500 in Florida and more than 1,000 in New York?

Mr. DAIGLE. Most definitely.

Mr. GUSTAFSON. It is interesting that part of the formula, Senator, that the Department of Health and Human Services is proposing to be utilized to distribute the fund utilizes admissions as a criteria. Well, admissions is meaningless if there is no space for people to come into the treatment. Census or capacity would be a much more valid indicator of need. Senator D'Amato in his remarks spoke to that letter that has recently been sent out for the turnaround time for response. We are extremely concerned that the formula does not represent congressional intent in terms of need and the money for those areas of the country with the highest demands of service. Certainly the delay is encountered. Congress required that those funds be distributed to the States by 4 months from the date the President signed the bills. Those 4 months are up on February 17, and it does not look on the horizon like that money is going to be forthcoming.

Senator CHILES. Do you see this as due to an increased use of the drugs? Or is it long-term users finally seeking help? Or a combination?

Mr. GUSTAFSON. I think it is a combination of the two. The problem has continued at totally unacceptable levels, and at my State the problem is exacerbated, as I believe it has been in Florida as well, with crack. The age of initiation of the kids using drugs, has dropped consistently in recent years. The amount in my State of the majority, 65 percent plus of those in treatment are there for heroin addiction, and methadone maintenance is one of the treatment modalities that are utilized. People on methadone maintenance tend to stay in treatment for a long period of time. The average length of stay is some 6 years plus. It is not the turnover. So the beds are not available, so as I mentioned earlier, it is not reflective of the true need. People get frustrated. They know that they are not going to be able to get in so they stop bothering, they stop trying.

Mr. DAIGLE. Senator, I think in Florida one key factor is there is a different drug and abuse. The cocaine, the lag time between the time it is available on the streets and the time that people really start to need treatment is much shorter than with the heroin addict. As a result of that we are seeing more and more of that demand for treatment earlier.

Senator CHILES. Are there counties in Florida that do not have any drug treatment facilities? If so, can you tell me about how many?

Mr. DAIGLE. Yes; there are counties that do not have drug treatment facilities. I will give you one example. Dade County does not have a residential program specifically for substance abusing adolescents, which to me is incredible, that Miami would not have a program, residential, specifically for adolescents. I really do not have any figures in terms of a statewide basis, how many counties do not have a treatment program, but I think that gives an indication that there is a significant void in terms of a continuing care throughout the State.

Senator CHILES. If the treatment differs for different drugs, then I assume, for example, doctors and counselors tell me that treatment for addiction to crack is far different than powdered cocaine, that detox is critical, and a much longer treatment period is necessary. Can you elaborate on this for me?

Mr. DAIGLE. There are several differences, I think, in the approach that people must take with the various drugs. Cocaine, as we talked about, the onset of dependency is much quicker. Many of the people who come in are not necessarily adjusted to the fact that they are dependent. We have to work through those and resulting emotions.

With cocaine in some cases you are fortunate in that they may still have employment, and there again, that gives you something that you can use in working with a person. Medically the needs do vary, and there again, what that means is that programs have to have resources to have that more sophisticated type of treatment. Assessment, medical assessment is an area where we do not have the resources to do all of the sophisticated assessing that we need to, and that is critical, because if you do not have appropriate, accurate assessment of the problem in development of a treatment plan then you may be wasting money further on down the road.

Senator CHILES. What would you estimate is the average cost of private treatment both in Florida and New York, and is there movement in your respective States to provide insurance coverage for that treatment?

Mr. GUSTAFSON. There have been bills submitted in New York for mandatory coverage in the area of drug abuse. They have not passed the State legislature in three previous sessions. There is legislation that has been enacted with respect to mandatory coverage for alcoholism. The average cost for treatment in a private center, I am not sure.

Senator CHILES. Legislation is passed for alcohol?

Mr. GUSTAFSON. Yes; it costs in the public sector on the average of $3,500 per year to treat a drug-dependent person, and that compares with 60 percent of the total numbers of individuals incarcerated in the State of New York are there for drug-related offenses or have had a history of drug abuse, and it costs them $32,000 per year to incarcerate an individual in the State of New York.

Senator CHILES. Do you have any idea on private treatment what the average cost is?

Mr. GUSTAFSON. Considerably more. I would say $15,000 to $25,000 for a 6-month stay is a very reasonable estimate.

Mr. DAIGLE. It is obviously very high in terms of private care, and I would guess, you know, in terms of the 20-day approach $5,000 or $10,000 is not unusual and above that. In terms of the insurance issue, legislation has been introduced to require insurance companies to eliminate their discrimination against the addictions of the disease. As you are aware of, they have been defined as diseases by the World Health Organization, the American Medical Association, but still insurance carriers continue to discriminate against this particular disease.

One of the repercussions of this is that you as a policymaker are then left with the bill, the insurance company is picking up the premium. The public is picking up the bill for necessary treatment. This is something that we will bring to the State legislature and Florida again this year and see what happens.

Senator CHILES. Well, my understanding is, both of you all see a critical need for Federal assistance that we are talking about here and trying to fund that at the levels that Congress passed last year.

Mr. DAIGLE. Most definitely.

Mr. GUSTAFSON. The point that I would like to echo is the point that was made by one of the previous panels, and that is what the systems look for is stability, not a startup, slowdown stop entirely type of an approach. The problem with drug and alcohol dependencies are chronic relapse, and they are not going to go away. John mentioned there is no quick cure. There is no silver bullet. It is an area that we have to keep hammering away at.

Senator CHILES. Thank you.

Senator D'AMATO. Mr. Chairman, just one question and observation. There is an area of concern that I have had in working with some of the school districts in attempting to develop drug intervention education programs. If you have a student that has a problem that wants some help, where would you refer them for help? I see, Mr. Chairman, a situation, a catch 22 situation, of where we refer them. Are you not concerned about the fact that, as their school districts become more expert, develop programs, and begin to refer youngsters for counseling and for other kinds of rehabilitation services, that this will continue to exacerbate an already very serious problem where you have got people who have got to wait months to get into a programs.

Mr. GUSTAFSON. We are very concerned about that very problem, and there is a very acute shortage of treatment beds for adolescents in our State, in the State of New York, and there is no question as programs in the schools become expanded in the identification of children with substance abuse problems that do require treatment are more evident that will put an increased demand on the very limited treatment capacity that is available out there for adolescents.

Senator D'AMATO. What is New York's treatment capacity?

Mr. GUSTAFSON. Forty-six thousand.

Senator D'AMATO. That is both residential and outpatient?

Mr. GUSTAFSON. That is both residential and outpatient.

Senator D'AMATO. With respect to residential the majority of that is for heroin addicts? Is that correct?

Mr. GUSTAFSON. That is correct.

Senator D'AMATO. Do you have any capacity for let us say a 10-percent increase of referrals from the school districts? If that were to take place, what would happen?

Mr. GUSTAFSON. If a 10-percent increase, 4,000 beds, at present we could not accommodate that in a residential environment because of the difficulties in citing these facilities specifically in the city of New York. We could expand outpatient capacity and many of these adolescents could be served on an outpatient basis, and it would be more appropriate in that regard.

Senator D'AMATO. I might ask you one more question. What basically has the Department proposed in the new budget, or what would it appear you are headed for in terms of additional treatment facilities for the pending budget before the legislature?

Mr. Gustafson. The pending budget for the legislature calls for increase in appropriation authority of $20 million. Part of that is for prevention, and 4,000 additional treatment slots.

Senator D'Amato. It is basically a 10-percent increase?

Mr. Gustafson. That is correct.

Senator D'Amato. I would just make an observation, Mr. Chairman. Under the proposed emergency treatment formula, a State like New York that is increasing its dollars very subsantially would do better by not increasing its dollars for treatment. What a sorry spectacle that would be. Under the proposal, we are saying to States, municipalities, and districts, do not spend additional dollars of your own because you will be penalized in the distribution formula. I do not think that is the intended result or desired consequence or what we want to do. So I would point out that this is important not only to New York, but to any community that has the need, and is putting up dollars. It certainly should not be penalized for coming forth with those dollars.

PREPARED STATEMENT

Senator Chiles. I think we have tried to make it very clear that we wanted this money to supplement. That is what we are attempting to do.

Thank you both for your appearance.

[The statement follows:]

STATEMENT OF JOHN S. GUSTAFSON

Thank you for the invitation to appear before you today to address the President's FY 1988 Budget Request for Drug Abuse Programs.

My name is John Gustafson. I am a Deputy Director for the New York State Division of Substance Abuse Services and am appearing before you today as the Vice President for Drug Abuse Issues of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). NASADAD is a not-for-profit organization whose membership is exclusively comprised of the State officials designated by the Governors to administer the publicly-funded drug and alcohol treatment and prevention system.

Before I begin our statement, I wish to express our sincere appreciation and recognition for your strong leadership in the development and passage of the Anti-Drug Abuse Act of 1986. I would also like to note for the record that you have been an outstanding advocate for drug abuse treatment and prevention programs for many years beginning in your great State of Florida and, for the past several years, at the national level.

Chairman, the problems of drug and alcohol abuse are truly staggering public health problems. The economic costs of these illnesses to society in the year 1983 alone were $176 Billion. Almost one-third of our college students have used cocaine. A minimum of 60% of pediatric AIDS cases are related to intravenous drug use by one or both of the parents. Alcohol is the third leading cause of birth defects with accompanying mental retardation and the only one that is preventable. Clearly, these illnesses are having a major, catastrophic effect on the health and welfare of our nation.

In FY 1986, $1.3 billion were expended for publicly funded drug and alcohol treatment and prevention services. States provided approximately one-half of these resources, the Federal government less than 20 percent. Last year, when the Anti-Drug Abuse was enacted and included a supplemental grant program for treatment services, the States were extremely pleased with the prospect of increased Federal support. (It should be emphasized that since 1980, Federal support for drug and alcohol treatment services. has dropped over 40%.)

Our pleasure was short-lived, however, when the President did not request any monies in FY 1988 for continuation of many of the new drug abuse initiatives including the supplemental treatment grants. The President also requested no monies for the continuation of the new Office of Substance Abuse Prevention and the $20 million categorical grant program for the prevention and treatment of drug and alcohol abuse among high-risk youth. In addition, the newly created Department of Education program for drug and alcohol education was greatly diminished in the President's budget - reduced from $200 million in FY 1987 to $100 million. The Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant program, which is the primary source of Federal support for drug and alcohol treatment services, was also reduced in the President's budget from $509 million in FY 1987 to $495 million. (Approximately 50% of the Block Grant monies are utilized for drug and alcohol treatment and prevention services.)

The States Alcohol and Drug Abuse Directors are extremely concerned that the President has requested no monies for the supplemental treatment initiative authorized by the Congress only 3 months ago. The FY 1987 appropriation for this program is $162.8 million. We strongly encourage you to seek continuation and growth of the supplemental treatment initiative in FY 1988 as well as the other prevention and education initiatives included in the Anti-Drug Abuse Act of 1986. We believe that the Act signalled a long term commitment by the Federal Government to assisting the States in reducing the problems of drug and alcohol abuse. One year of new monies for treatment services will not have a very effective or dramatic impact on our treatment system unless it is part of a long term program. These programs must be continued if we are going to significantly expand treatment capacity, increase outreach services and have a comprehensive approach towards reduction of these major public health problems.

Of equal concern is the fact that the Department of Health and Human Services is informing States that the emergency treatment monies which they are receiving for FY 1987 must be used to support program costs over a two-year period. We also understand that there is a possibility that the Office of Management and Budget will implement an apportionment schedule that allocates the FY 1987 monies over 8 quarters or 2 years instead of a single fiscal year. Clearly, these directives would have the impact of reducing the $163 million appropriation for the supplemental treatment initiative in FY 1987 by one-half.

The narrative accompanying the President's budget indicates that it was Congressional intent for the supplemental treatment monies to be spent over a two-year period. It is curious that they state this, however, when the authorizing legislation clearly mandates that these monies must be awarded to the States no later than 4 months following enactment of the legislation in order to prevent delays and ensure that the monies are immediately available to the States. The deadline for allocation of these monies is fast approaching - it is February 17th.

If the emergency treatment monies are allocated to the States over a two-year period or the States are directed to obligate these monies over a two-year period, the impact of the Federal initiative will be drastically reduced. NASADAD has estimated that 220,000 additional clients could receive treatment services if the full amount appropriated for this initiative is immediately provided to the States. However, if this money is allocated in small sums over 8 quarters it could be expected that only one-half or 110,000 additional clients would receive services. In addition, many States have indicated that they would like to utilize the supplemental monies to open new programs for adolescents and the homeless. These initiatives require a significant amount of start-up monies and cannot be implemented if the monies are spread out over 8 quarters.

NASADAD has prepared a two-page fact sheet which outlines the implementation problems which they are currently confronting in their efforts to secure and implement the supplemental treatment initiative. A copy of this fact sheet is provided along with my statement for the hearing record.

We encourage the Chairman and other Members of the Committee to direct HHS to refrain from requiring States to utilize the FY 1987 supplemental treatment monies over a two-year period. Also we encourage the Chairman to request that the Office of Management and Budget immediately release the supplemental treatment monies so that these monies can be effectively utilized by the States for the purpose for which they were authorized - to expand treatment capacity through a joint Federal-State effort to reduce the staggering impact of drug and alcohol abuse throughout our nation.

Thank you again for the opportunity to testify today.

IMPLEMENTATION PROBLEMS RELATED TO EMERGENCY DRUG AND ALCOHOL TREATMENT GRANTS AUTHORIZED BY P.L. 99-570

The Anti-Drug Abuse Act of 1986, Public Law 99-570, revitalizes the Federal commitment to reducing drug and alcohol abuse and these illnesses' tragic impact on our society. The economic costs of these problems in 1983 totalled over $176 billion in the United States alone. Included in the Act are programs designed to reduce the demand and supply of drugs. One of the major demand reduction initiatives is the authorization of a new emergency treatment grant program to States. The appropriation level for this program for FY 1987 is $163 million. The goal of the emergency treatment initiative is to enhance the capacity of our communities to meet the ever-increasing demand for treatment services.

Two major problems have recently arisen regarding implementation of this emergency grant program. First, States which have received approval for a portion of the new emergency treatment monies are being informed by the Department of Health and Human Services that the emergency funds were appropriated for FYs 1987 and 1988 and that these funds should be used to cover program costs for a two-year period. Second, there are strong indications that the Office of Management and Budget(OMB)may direct the Department of Health and Human Services (HHS) to allocate the FY 1987 appropriation to States over a two-year period instead of the intended one year period. Both of these problems will result in an immediate 50 percent reduction in the monies which are to be made available to the States for emergency purposes for FY 1987 and will significantly reduce the effectiveness of this initiative.

Congress did not intend for these monies to be allocated over a two-year period. Instead, the statute specifically notes that these emergency funds are to be awarded to States no later than four months following enactment of the authorizing legislation. The Congress did note that the monies appropriated for the HHS programs authorized by P.L. 99-570 should remain available at the Federal level for two-years in case the new research and demonstration grant initiatives for high risk youth were not completely implemented by September 30, 1987. This statement should not apply to the emergency treatment initiatives. These monies were authorized and appropriated in response to a crisis within the publicly funded drug and alcohol services system. The premise behind the treatment initiative is to provide immediate Federal assistance to States, not to provide miniscule amounts of an annual appropriation over 8 quarters or a two-year period.

We specifically request that States receive their total award under the emergency treatment authority by February 17 - four months following passage of the authorizing legislation and that these monies be apportioned to the States on a schedule which will be completed by September 30, 1987. We also request that the Department refrain from directing States that they must use these monies to cover program costs over a two-year period. States already have the discretion to obligate the monies over a two-year period if they so choose to do this but should not be required to spend it over a two-year period if they can effectively spend the monies in FY 1987.

The difference between the impact of a significant amount of new Federal monies for treatment services immediately transfered to the States and the allocation of those monies to the States in minimal amounts over 24 months is dramatic. These emergency monies are designed to significantly expand treatment capacity and outreach. It has been projected by the National Association of State Alcohol and Drug Abuse Directors that if these monies are made immediately available in the full amounts appropriated, services could be provided to an additional 220,000 individuals addicted to alcohol and other drugs. If these emergency monies are made available over a two-year period, only half or 110,000 additional addicts and alcoholics will receive services.

Logistical problems also arise for the majority of States whose State legislatures must approve the allocation of all Federal grant monies to the various State programs. If these monies are allocated over two years or 8 quarters it will cause insurmountable delays particularly in those States where the legislature is in session for only five months every other year.

In several States, these emergency monies were to be targeted for a significant expansion of services to adolescents as well as programs for the homeless. New initiatives which cannot be implemented with minimal funding over a two-year period. Only with a substantial amount of new funding in one package can they be implemented.

Last October, the Congress voted overwhelmingly in support of P.L. 99-570, of which the emergency drug and alcohol treatment grant program was a major component. The Administration also strongly supported the provisions of the Act. P.L. 99-570 signifies the beginning of a renewed, long term Federal program to support the States and communities in their efforts to meet the demand for drug and alcohol treatment services. It also signifies recognition by the Congress that drug addiction and alcoholism are chronic, relapsing conditions and are problems which do not lend themselves to a one-time, quick-fix treatment regimen.

This spring the Congress will be seeking to renew its commitment to the demand reduction provisions of the Anti-Drug Act of 1986 when they consider renewal of the Alcohol, Drug Abuse and Mental Health Services Block Grant program. At that time, the authority for the emergency treatment initiative will also be considered.

The goal of the emergency alcohol and drug treatment grant program to States, as authorized by P.L. 99-570, is to assist States and communities in expanding treatment capacity, reducing waiting lists and increasing their efforts to reach out to those individuals who are addicted to alcohol and other drugs. This goal cannot be accomplished with the current directives being made by the Office of Management and Budget and the Department of Health and Human Services which are causing numerous delays and hindering the effectiveness of this major Federal initiative.

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STATEMENTS OF:

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DR. ROY PICKENS, DIRECTOR, DIVISION OF CLINICAL RESEARCH, NATIONAL INSTITUTE ON DRUG ABUSE, ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES

PREPARED STATEMENT

Senator CHILES. Our next panel will be Dr. Donald Macdonald and Dr. Roy Pickens, the Director of Clinical Research for the National Institute on Drug Abuse, Alcohol, Drug Abuse, and Mental Health Administration, Department of Health and Human Services.

Thank you both for your patience. We had planned to put you on earlier. Some of our out-of-town witnesses were trying to catch a plane to get out before the snow hits again, and we tried to accommodate them in that regard.

Dr. Macdonald, do you want to go first? Your statement in full will be entered in the record.

[The statement follows:]

STATEMENT OF DR. DONALD MACDONALD

It is my pleasure to appear before you today to discuss what I believe to be one of the most important advances in addressing the Nation's drug abuse problem in recent years.

The "Alcohol and Drug Abuse Amendments of 1986" included in Public Law 99-570 passed by the Congress on October 17, 1986, authorize a substantial increase over the next two years for the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). The $252M appropriated for FY 87 and FY 88 will be used to support expanded research, and prevention treatment efforts as recommended in the Conference Report to the FY 87 Continuing Resolution (CR). In that Report, Congress expressed concern that the research community, States, and localities might be unable to maintain program quality while absorbing $252M of program increases in one year. With this in mind, Congress recommended that funds be utilized over two years. We concur with that approach.

As required by P.L. 99-570, although the treatment grant will be awarded to States in FY 87, it will provide funding for 2 program years consistent with the authority and spirit of the FY 87 Continuing Resolution. This approach is similar to current practice which allows States to spend block grant allotments over 2 fiscal years. Two program years of support will also be provided in FY 87 for research and prevention.

Under this spending approach, the ADAMHA substance abuse research, prevention, and research program level will be $387M in FY 87 and the same level in FY 88. Through FY 88, our drug research budget will increase by nearly 40%, and we will devote an additional $3 million for research in alcohol abuse. We will also have established an office to coordinate drug and alcohol abuse prevention activities Nationwide, and we will provide the

States with a significant increase in treatment funds to provide them immediate assistance in addressing their drug abuse treatment needs.

Under this initiative, the research efforts of the National Institute on Drug Abuse (NIDA) will focus on developing more effective prevention and treatment methods which provide practical results quickly. Such methods include research to determine which current drug treatment programs work. Although we have research that shows which treatments have worked for narcotics users, we know little about the effectiveness of newer treatment techniques for drugs of dependence like cocaine. Nor do we know how effective these programs are for the treatment of adolescents, women, or other "non-traditional" drug users. This expanded research will provide State and local officials and private sector providers needed information to better and more cost-effectively meet the treatment needs of all who require these services.

In addition, we will be able to concentrate on developing more effective and reliable techniques for detecting drug use. Besides better clinical recognition of the impaired drug user, reliable drug screening techniques can provide a powerful tool for preventing drug abuse. Shortly, we will be releasing recommendations and standardized procedures for monitoring quality control for drug testing of urine, we will be working to develop less invasive techniques.

In addition to research, our new funds will support the establishment of a new Office for Substance Abuse Prevention (OSAP) in the Office of the Administrator (OA) in ADAMHA. OSAP is now the focal point for all our alcohol and drug abuse prevention activities. In addition to the $20 million specifically mandated for grants to prevent drug use by high risk youths, OSAP has roughly another $20 million to support important initiatives that will truly help the Nation deal with its serious drug abuse problem. For example, in cooperation with the Department of

Education, we are developing a school initiative which will reach out to the Nation's youth in a comprehensive way that has not been possible before. Also, we are initiating programs to address the needs of special populations affected by drug abuse, and as required by P.L. 99-570, we are combining our alcohol and drug information clearinghouses -- a move which will greatly increase the extent and availability of pertinent literature. Lastly, we are undertaking parent and community organization programs which will promote parent support groups and strengthen parent capabilities and effectiveness.

We will also improve the interagency coordination of drug prevention efforts by establishing a specific unit with that responsibility. The law itself provides for such close coordination through the mandated transfer of $10.4 million to the Veterans Administration for outpatient, treatment,and community programs, and the transfer into ADAMHA of $500,000 of Department of Education funds to support clearinghouse functions. We will also be working with the department and the White House on national and regional conferences to encourage drug prevention activities in corporations, foundations, and other private sector groups.

The law also provides for a study by the Institute of Medicine (IOM) to assess the adequacy of current private and public insurance coverage for the treatment and rehabilitation of drug abusers. We are confident this study will not only lead to better alcohol, drug abuse, and mental health coverage for the Nation, but will very likely lead to less costly services as well. Current data indicates that the costs of health care to the Nation could be reduced, perhaps significantly, if the damaging effects of alcohol and other drugs could be curtailed. Many "traditional" illnesses are exacerbated or even caused by substance abuse.

The law also gives grants to States for "emergency" alcohol and drug abuse treatment grants. The law directs that 45% of the nearly $163M be awarded strictly by state population, and 55% be awarded on the basis of "need".

As required by the law, States must meed minimal standards prior to receiving the 45% funds awarded on the basis of population. For example, the States must submit a straightforward application that contains certain basic assurances that the money will not "supplant" funds for current services and a brief description of the manner in which the new activities will be coordinated and evaluated. Letters to the States inviting them to apply were issued within 30 days of passage of the new legislation. To date, 37 States have submitted applications and 26 States have received funding. While we hope that all States will soon be awarded these funds, we understand that changes in Governorships and uncertainties about proper State authorities to receive the funds may further delay some States' application.

Regarding the awards for the 55% of the funds to be based on need, the law specifies what the Secretary must consider in defining "need". On the basis of the law and in cooperation with numerous State officials, we have completed development of a "needs" formula and forwarded that proposal, with a draft of application criteria, to the Governors of each State. We are holding a meeting here in Washington on January 30 to allow States to discuss their reactions to our proposals. After taking these into consideration and developing a final package, we will then be in able to invite the States to apply for this portion of the substance abuse grants. We are aware that the law calls for the awarding of all such grants within four months of its passage, and we are working diligently to accomplish this.

As you can see, ADAMHA is involved in an intensive effort to establish the programs and activities mandated by the new legislation. However, considering that the funds provided were more than we anticipated and came actually after the fiscal year began, it will at least be the third quarter before the bulk of the funds, other than the treatment grants to the states, can be awarded. For example, we have just issued new and expanded announcements for research grants -- which will only generate the necessary applications for our June or September National Advisory Councils. Also, with our new Office of Substance Abuse Prevention just now being established, its major projects - especially contracts remaining competitive bids - cannot be made until the third, or more likely , the fourth quarter. We may be well into 1988 before all the funds are obligated.

Even so, we firmly believe this major enhancement in drug and alcohol abuse funding over the next two years will have a significant impact on this grave National problem. By spending these funds in the careful and responsible manner provided for in the two year appropriation passed by the Congress, we can assure that they will be spent efficiently -- and we will have an excellent idea of what Federal resources might be necessary after that period. During the two year period, we will carefully review the need for additional authorizing legislation. I would be pleased to answer any questions that the Committee might have.

Dr. MACDONALD. It has been an interesting morning. We have enjoyed sitting in the audience. I will briefly summarize the statement that I have for you.

What I want to do is bring you up to date on the status of our drug efforts at the Alcohol, Drug Abuse, and Mental Health Administration. As you know, we received a substantial increase in budget as of October 1986, $252 million new came to our agency. And in terms of what we are doing with it, I divide that into three areas.

Some of that money is for research, some of that money is for prevention, and the biggest majority is for treatment. With me this morning, Dr. Pickens will answer questions about research, but there are lots of reasons that we are interested in this new research money.

We really want to know more about what sort of treatment works. We want to know more about the drugs themselves. We really do not know a whole lot. Unfortunately they keep changing the drugs on us. Cocaine is relatively new, and we are working hard to find out what works in treatment for that. We do not know enough about how to treat adolescents, how to treat women, and we have a great difficulty in some of the nontraditional drug uses.

In addition, as you well know, we are involved in the business of urine testing, wanting to provide guidelines for the Secretary, which should be ready shortly, so that that procedure will be one that is fair, safe, and equitable. We are looking to improve our methods of drug testing.

The second piece is prevention, and we have got a major increase in the creation of a new office that sits in my office. It is the Office of Substance Abuse Prevention, called OSAP. Money in excess of $40 million has come in, and that is divided roughly into two pieces.

One piece deals with the sort of things that we have talked a little bit about this morning—a clearinghouse, presentation of information. We are trying to build on and support the efforts that have happened over the last few years in communities, working with the Department of Education on our schools programs. We are putting in a strong initiative for special populations, which include our concern for minorities.

The other one-half of that money will go to what we call and what you call high-risk kids. Those are kids that will not readily respond to those "just say no" and educational messages. These are young people from disfunctional families, young people with psychiatric difficulties, young people with other problems. And with one-half of that money we are trying to, through the demonstrations, get a better handle on what might work for them.

The third piece of our new money is the treatment money and, as you know, that amounts to about $152 million—I am sorry, $163 million, plus the $14 million that was added to the block grant. Despite what the previous speaker said, we hope to have that money out in short order, but we are seeing all of our funds as 2-year funds.

I am here to answer questions, as is Dr. Pickens.

Senator CHILES. All right. We will get your statement first, Dr. Pickens.

Dr. PICKENS. Thank you. I am happy to be here. I have no prepared statement, but I will be available to answer any questions that you have specifically about the research aspects of drug abuse.

Senator CHILES. Thank you.

Dr. Macdonald, you say in your prepared statement, looking at about the second paragraph, where you are talking about the continuing resolution:

> In that report Congress expressed concern that the research community, States, and localities might be unable to maintain program quality while absorbing $252 million program increases in 1 year. With this in mind, Congress recommended that funds be utilized over 2 years. We concur with that approach.

I do not think we are exactly on the same wave length.

Dr. MACDONALD. I gather that.

Senator CHILES. As I read the language, it says "In order to facilitate a more orderly introductive expansion, the conference agreement provides that these funds, as well as other new moneys, in this account remain available until September 30, 1988." Doctor, we recognized that we were putting funds in in the middle of the year, and we recognized that all of those funds probably were not going to be absorbed in that year.

But I do not think there was any intent on the part of Congress—and there certainly was not on the part of this Senator—and I was helping to draw that and the Senator from New York was involved and others were too, of us saying that we were talking about forward-funding of program and we expected just that money to be used over a period of 2 years.

I think this is some sort of creative accounting that the administration has come up with. I do not know at what level that occurred, but I want to tell you that I do not think that was the intent of Congress.

Dr. MACDONALD. Let me respond. I think it is better if we break it into three parts. There is the research funding and the prevention funding and the treatment funding.

One of the things that happened with NIDA's research money, NIDA in 1986 had a research budget of $65 million. In 1987, if we were to spend all this money, that number would be double. So you will take a research enterprise that is substantial and double it, and that has created a number of problems in addition to this major supplement.

Senator CHILES. We are able to do that easily in Star Wars, in SDI.

Dr. MACDONALD. I think over time something that has not been mentioned here, and I will refer to it a couple of times, is the whole AIDS initiative. Dr. Pickens is responsible for that also at NIDA, and with the doubling of funds and working as rapidly as we can, and understanding how many researchers there are in the field and the amount of time that it takes to get the money up, it was our feeling that at best we will be into September before we start awarding any of this money.

So the concern that we had in those two large supplements of the NIDA budget was could we find adequate research.

Senator CHILES. Dr. Schuster testified before a hearing that I held last year that NIDA—the National Institute on Drug Abuse—was spending only $7.5 million for research on cocaine, and I do not think any of those funds were for research in crack, the new epidemic that we have.

How long does it take to get into crack research and what are you doing now?

Dr. PICKENS. It is not a question of how long it takes to get into research on a particular drug such as crack. The question is how long does it take, what is the lag time, between developing grant announcements, getting those announcements out to the investigators in the field, giving them an adequate amount of time to develop applications, getting those applications in, having them reviewed by peer scientists, and having the applications that are approved then go to our advisory council and then getting the money spent.

That takes several months. We have spent the last 3 months developing grant applications and going out to people in the field, researchers in the field, and telling them about the availability of this money, then encouraging them to submit applications. Those grant announcements are only now leaving our offices. We have also moved back the deadline for receipt of applications from February 1 until April 1 to give the investigators enough time to prepare substantive applications.

We are going to be overburdening our existing system now by moving deadlines around just to get this money out to the investigators by September.

Senator CHILES. I thought you also had the ability to enter into contracts.

Dr. PICKENS. In the same way, Senator, it takes time to develop these contracts. As you well know, they must be developed. It is time-consuming. The statement of works must be approved. They must go out for bids. They must receive the applications. It is a question of time. It simply takes a considerable amount of time to get this money out to the people in the field that are doing the research.

Senator CHILES. Well, you also have some in-house research capability, do you not?

Dr. PICKENS. That is correct.

Senator CHILES. What are you doing there?

Dr. PICKENS. We utilize this money in several ways. I talk about just getting a better picture on what is the prevalence of drug abuse. This is an area that we feel we do not have the best information about and we would like to get surveys to define what the nature of the problem is throughout the country.

We are also involved in the AIDS area because of the link between intravenous drug abuse and the transmission of the AIDS virus. We have also started programs there to monitor prevalance rates for the HIV virus in drug abusers around the country so we can monitor trends that are occurring in this virus.

Dr. MACDONALD. I would like to comment on the in-house capability. NIDA's intramural program, the addiction research center, is the smallest intramural program with in-house capability of any of our institutes, and I believe the smallest of any on the NIH campus. That has got a historical basis related to prisoners at Lexington.

But one of the things we do like about this new money is the chance to increase and help our in-house capability. It has really been very limited.

Senator CHILES. What do you have going now on cocaine free-base?

Dr. PICKENS. To some extent when you talk about crack you really have to talk about cocaine, because cocaine is the parent compound from which crack is derived. So research on cocaine also applies toward research on crack.

Senator CHILES. Partial.

Dr. PICKENS. Partial, to some extent. What we find out about cocaine can be transferred to crack, although crack, because it is a smokable form of cocaine, is a qualitatively different substance. It is also a more difficult substance to do research with simply because of problems in terms of quantifying the dose of the drug, which is at the basis of all pharmacological research, to be able to quantify how much of the substance was delivered to the individual so you can see what the relationship is between the effect and the amount of drug that was given.

Now with crack, because it is smoked in the form that it is available to the individual, it is very difficult to quantify. It is much more easy to study cocaine than it is to study crack, and we think much of the research we find on cocaine will have application to a better understanding of the nature of crack.

Senator CHILES. Because it is easier to study cocaine than to study crack you are then just going to study cocaine? You are not going to study crack?

Dr. PICKENS. It is more expedient at the present time to study cocaine. I think it is going to take the development of a special methodology to allow us to study crack because of the nature of the smokable form of cocaine.

Senator CHILES. Doctor, you know we have got an epidemic out there. I am listening to a lot of the scientific jargon. You were studying cocaine before on $7.5 million. How much of that is—it is probably not very much. But you mean since our hearing last year there is nothing in the process now to do research on crack itself as opposed to cocaine?

Dr. PICKENS. No; I did not mean to give that impression at all. We are transferring our research effort as quickly as possible to studying crack so that we can understand more about the nature of that drug. My point is that it takes time again to get researchers geared up to study the drug because of the nature of the form of the drug. Because it is smokable, it takes a change in technology in order to study this drug in the laboratory.

Outside of the laboratory we are initiating several studies to better understand the prevalence and the incidence and some of the harmful effects that are associated with smoking the drug. Our Dawn Program, for example, is oriented toward hospital emergency room initiatives, and some of the evidence that is being collected there is information about crack and how it is associated with different types of medical emergency.

Dr. MACDONALD. If I could add a point, one of the problems of crack compared to the other forms of cocaine is in the laboratory animal. You can inject cocaine. You cannot get laboratory animals to smoke. So we are dealing with a different thing, and the only real experimental for crack has to be human subjects.

Senator CHILES. We have had all kinds of experiments on rats with smoking before, have we not?

Dr. MACDONALD. It is hard to get animals to smoke, period. So there are those technical differences. The only real good subject is the human subject, and you proceed with that research with caution.

Senator CHILES. I know we have got all kinds of problems out there—counselors who need to know how they recognize a crack victim as opposed to cocaine, regular victim. You know, we have got all kinds of problems out there. It just kind of boggles my mind that there are so many areas of research that we need so many answers for, desperately need answers for.

Dr. MACDONALD. We are not arguing. I certainly agree with you we need to know more about crack. We need to know more about cocaine. And we are delighted with the new research money. What we are saying is that it takes a little while to get the field up to speed.

Dr. PICKENS. Our announcements are calling specifically for the research on crack. Again, what we need to do is enhance our research base to get more researchers interested in the problem. They have their careers already staked in terms of other types of drug abuse. We need to attract them into the study of crack because of the problems associated with it.

Senator CHILES. Again I may be totally wrong, but I thought part of the attraction to researchers and universities were dollars. My universities will study just anything you want them to study if there are some funds out there. If you find that problem anywhere else I can point you to several universities that will study anything. So you do not have to recruit them. You do not have to get them used to it or anything else. There is just something grand that you dangle out there and they are ready to study.

Dr. PICKENS. Having come from a university myself and having been in drug abuse research I know what you say is true. However, what I think Dr. Macdonald and I are stressing is that there is a lag time involved, and what we are doing now is everything that we possibly can to call attention to the availability of this money for the researchers and hopefully trying to get them to switch their research activities.

Senator CHILES. You all will be before this subcommittee again in another month. I would like a little better idea, if you could be prepared to show me a little bit better, what your road map is and what your plan is for that when you come back.

Let me ask you, if you will, Dr. Macdonald, who is the source of the zero budget request for drug treatment for this year? Is that you, the Board?

Dr. MACDONALD. I do not know that we can lay it on an individual. As you are well aware, that budget is presented by the President and it is the work of all of us, all of us being there is an HHS, an OMB, and the administration. And in looking at it—and I do not want it to incite the same fire that the previous statement did.

Senator CHILES. I do not know if I can get up for that or not.

Dr. MACDONALD. The budget that the President submitted in September is more like the budget that we are still doing, so that when people are saying that the President has backed off on his commitment, he asked for $900 million in September.

Senator CHILES. The President stood with us in October and he might have presented a budget in September, but he stood with Senator D'Amato and Senator Chiles and others in October and signed and took credit and claimed victory and patted himself on the back, as we all did in October.

It is a long, long time from September to October, as the song goes.

Do you coordinate with the National Drug Enforcement Policy Board?

Dr. MACDONALD. Yes, sir.

Senator CHILES. What influence does the Board have on the overall strategy and policy for drug treatment?

Dr. MACDONALD. Traditionally the Drug Enforcement Policy Board has really been more concerned with issues of drug law enforcement, and these issues demand reduction have been dealt with in the policy council, so although the same Cabinet members sit on both, the tracks have been slightly different.

Senator CHILES. What you are saying is we have got a number of boards in different areas, and one is in charge of that and one is in charge of that. Nobody is in charge of everything.

Dr. MACDONALD. I think that is changing. I cannot tell you all that I know, but there are efforts to tie in the——

Senator CHILES. Can you tell me who is in charge?

Dr. MACDONALD. Not today, sir.

Senator CHILES. You know, that is another thing that Congress has been trying to see, is to put somebody in charge. One of the ways to assess responsibility and give credit and have direction, most things that we see from the military on, is to have a chain of command and have somebody in charge. We have got a war going, but we do not have anybody in charge, and that I think is one of our major problems that we have here.

We do not know who the general is, and if you know who he is, I want to bring him up here, too.

Senator D'AMATO. Mr. Chairman, let me say I have always enjoyed a relationship with Dr. Macdonald and his people. They have been in this whole area, the battle against drug abuse, second to none in their thoughtfulness, in their making due with limited resources, and I want to commend him and his people. They have not gotten the support that they need. He is not going to say that. He cannot say that, but with those limited resources he has done an outstanding job. Now, having said that, I certainly hope, doctor, that we can resolve this issue.

I am going to give to you a draft of a letter which you may or may not have received yet from a number of the New York Congressmen and Senator Moynihan as well in relation to the proposed formula for distribution. Let me say objectively, the formula leaves something to be desired. I would hope that it was through a series of misinterpretations of legislative language, because it was put together under the gun.

As Senator Chiles has indicated, we had a role in that. I do not think there are many who had a more significant role than Senators Chiles and DeConcini, myself, Senator Hawkins. So when we talk about the legislative history of the language which says, for example, the allocation for treatment, we look at the numbers of individuals who requested treatment for alcohol and drug abuse. That certainly did not mean we looked at just the admissions. It meant that we looked at the admissions, but if you have a State that has a huge backlog, there is not only the question of admissions but that means you also have 100 percent plus in terms of those who are in treatment. They should be considered. Certainly the people in treatment as well as those who come into admissions in a year, and as well as those who are waiting.

To just say that we are going to take only new admissions is absolutely not anything that Congress would be putting forth.

Now, I have got to say this. You know, my valued, trusted counsel will be on the drug caucus with us, and he said to me, Senator, please do not do it. All during the legislative language that we are putting together, there was one congressional staffer who hammered away at language that is strikingly similar to the distribution formula which you put forth. We rejected his formula.

Now, let me say this. When I see this formula being proposed and I see the ages between 14 and 44 and I see the same methods that we rejected, I have to say what is going on? I would ask you to examine this and those people who have worked with you, because I think he wormed his way into the bureaucracy there and then got you to do by way of administrative decisions that which we pointedly rejected. I want you to know we rejected his formula.

This formula does not make sense. If you do not count those people who are waiting to get in, and if you do not count those people who are in treatment and you only count the new admissions, that is a defective formula. You may say, well, in terms of if they are waiting for treatments, Senator, we want to be very careful. I understand that. But what about those that are being treated? You are not going to say those would come under admissions. That is just one aspect.

Second, as pointed out previously, you cannot use a formula which penalizes State dollars and effort. What you will have is a situation where those who have not done will not do, and will be rewarded for not doing. That is certainly not what the legislative intent in this situation was.

So I implore you. I implore you as someone who I know. I am not looking for a response now, but what I am looking for is a response to this. They have asked that you give 2 weeks. I do not know if you can give 2 weeks because we are under a deadline of February 17, 1987, to start distribution of the money, but certainly to give some time before you go forward with this. You gave them January 30. You give them 10 days. So give them some additional time.

Please, sit down with the various State people who want to meet with you on this and those in the Congress. Do not wait for the letter to come. That is why I will give you a copy of it now, so that we can look at this and try to address it in a way that handles this distribution fairly, as was intended by the Congress. I do not think we should make this a pitched battle.

Maybe it was more than just this little congressional staffer who certainly had the ability to influence some people in this formula that has been proposed.

Dr. MACDONALD. As you know, I respect your strong stand and have all along, and we will work with you this afternoon, tomorrow and with staffers on the formula.

You know the things that we had to consider; obviously, the speed. You want that money out quickly. There was a comment earlier about a distribution. It has no basis in fact. We wanted to stay with the legislation as we read it. We were limited somewhat in terms of data that we could pull up to help us make our resolution, and we wanted to keep it simple.

So we will get with you, and I am not sure about the week or 2 weeks, but as long as it takes to hear. I think what you are saying makes a lot of sense.

I want to comment on one thing on the waiting list and the whole business of treatment. The administration's original request was not going to put any money for treatment, feeling that treatment was something that the Federal Government did not want to assume as a responsibility to the States. We were concerned as that package was being put together for the President that we heard about these waiting lines. Not only were we concerned about people using drugs but transmitting the AIDS virus in that same situation. So the option was made that we would put in for treatment money, $100 million.

The waiting lines, as you heard this morning—let me do some of the arithmetic with you. New York has a waiting line of 1,000 people in treatment. Now, sometimes those waiting lines, you know, you say they are high or low. Some of those people are in detox just waiting for treatment. Others are looking for better programs. Legitimately, if there were 1,000 people in New York, what is the cost of treating those people. That $3,500, the number that we use and the number you just heard from the previous panel, that is $3.5 million. New York, under this new money, will get, under the formula we are using, $7.2 million, almost double that, for taking care of those waiting lines. That is in addition to the previously existing block grant, which is considerable.

Senator CHILES. Given the number of crack addicts that are out there now that have not come in out of the cold yet, I do not think there is any way in the world when they talk about 500 in Florida. I can tell you that number needs to be revised. I hope it is not 50,000 in Florida. It is more than 10 times 500 that are going to be out there for treatment if we can get them in that are addicts. I know we would probably go 50,000 crack addicts.

Dr. MACDONALD. I would guess you have well over 50,000 crack addicts. Our numbers that we are working on is somewhere between 1 million and 1½ million people dependent on cocaine. To treat those we estimate will cost $8 or $9 billion a year.

The problem that you address is that if they are not in the waiting line, most of those people are not very interested in treatment or in coming in, so they are putting new money in to assist.

Senator CHILES. But people do not think they can be treated. That is part of the direction of our whole program. Our bill is sort of multifold. If you want to come in and get treatments, we are going to give you some help. If you do not, we are going to build some more prisons, and we are going to try to house you there.

One of the key things that I think that we realize is that we have not had the treatment facilities available and certainly not in public. The private cost is so high that a lot of them just say why not, just keep going. So I think we have to make a pretty startling kind of move to show that there is some help there if you want it, and we will try to take you off the streets or off this habit if you want it.

Again, that is our concern, that these mixed signals, one, the big move of the bill and that we are doing something, but before money is even out, zoom, we cut that 50 percent, that does not go at all with the plan we were trying to put out there, but we are going to give you two choices. Come in and get some treatment, or we are going to do a better job of catching you, and we are going to incarcerate when we catch you. We are going to get you off of the public streets.

Dr. MACDONALD. I agree with that approach, and part of what Dr. Pickens has put together, particularly relating to the AIDS effort, is getting out there with epidemiologists and anthropologists to find these people. They are not easy to find, and we would indeed like to identify more for treatment. We just do not think that there are that many that we are going to find now. Those waiting lines are going to be a lot bigger than what they presently are.

Senator CHILES. We think that once there is any treatment possibility out there, you are probably going to see waiting lines much bigger than you are seeing now because they will know that they can come in.

If you look at the calls that we are getting now on the cocaine hotlines, people for the first time are beginning to seek treatment. As you know, the public messages are going out more. As you watch your television set, there is much more being said. We are just kind of tiptoeing into it, saying we are going to give you some help, and some help is out there. It is so important that we follow through with our commitment.

I think we again think the commitment was a minimal commitment, given the kind of need, given the kind of emergency that we have. We are impatient. You have a certain way that you normally do research. Whatever that way is, we think it is too slow. We want it to go faster. We are dealing with a true epidemic here. We are dealing with something that is a blight in our country, and we have to deal with it. We have got to send those signals that we are dealing with it. Then that reinforces what the President talks about of the personal commitment that we need and all these other things, but the Government has got to be involved in it, too. That is what we are trying to do.

Dr. MACDONALD. If I could give you a personal note, I grew up in Senator D'Amato's State. My children grew up in your State. I have been a pediatrician in Clearwater for 22 years and was not involved in this problem at all until 1979 when my third child needed treatment for drug dependency at age 15 in Largo High School. I want to tell you that in the years since then I have had a personal strong emotional commitment to this cause.

Senator CHILES. I can appreciate the anguish and concern that you have had as a parent in seeing that, and I can tell you I share that anguish as a person with the responsibility of trying to do something and going to these detox centers, going to the jails, going to the treatment centers, walking down the street. I have done it in Senator D'Amato's State. I am doing it in my State. This is something that we have to deal with in our country. We just cannot allow this to happen.

To me, nothing scared me more than the crack epidemic that I saw hit my State and I saw hit this country.

Dr. MACDONALD. We are on the same side. We all want this thing done with. I do not think there is any question about it.

Senator CHILES. Again, I hope that you all will understand now, if you did not before. We did not mean this to be a halfway program. We did not mean it to stop. We did not mean it to be one-half of the money spent and then stopped. We are determined to see that we follow through with this.

Dr. MACDONALD. We thank you.

Senator CHILES. We thank you. I look forward to seeing you again, too.

By law, I understand this money was supposed to be out on February 27. How are you doing on that?

Dr. MACDONALD. We are going to be close. The question Senator D'Amato raised is one that may slow us a little, but our intent is to stick with the law and come as close to that as we can. We are not going to be much behind that, if behind at all.

Senator CHILES. Do you see problems with your clearance in OMB with your application?

Dr. MACDONALD. I anticipate no problems. There are two tracks. What are we going to ask the States to put in the application? We are working on that now, and we are hopeful that will go through quickly and not slow the process. The other one is Senator D'Amato's concern about the formula for distribution. We are working fast, and I do not think these two are going to slow us down.

PREPARED STATEMENT OF SENATOR WEICKER

Senator CHILES. Senator Weicker has some questions for the record which we will ask you to respond to, and he also has a statement that we will place in the record.

[The statement follows:]

STATEMENT OF SENATOR LOWELL WEICKER, JR.

Mr. Chairman, I look forward to the testimony we will hear today from each of the witnesses. I share your concern about combatting the drug crisis facing us today and I welcome the opportunity to explore what I believe are two of the most effective means of addressing this crisis—treatment and education.

When the Senate first considered the Anti-Drug Abuse Act of 1986, I raised concerns about how the Congress was going to pay for the initiatives included in the act. The President had proposed taking the money from other health and mental health programs to pay for the war on drugs. I said at the time that such a proposal would be more like a war on the mentally ill and the elderly and anyone else who depended on already existing programs. A new drug initiative demanded new money and it was only after assurances that the drug initiative would be funded with new money that the drug bill, in fact, was approved by the Senate.

Now, no more than 3 months after the Anti-Drug Abuse Act was signed into law by the President, we are once again asking ourselves where is the money for the drug initiative and how should we be paying for it?

The Alcohol, Drug Abuse, and Mental Health Administration says it will spend its new money over 2 years and, therefore, requests no new funds for fiscal year 1988. The Department of Education says it will spend its $200 million in fiscal year 1987 but asks for only one-half that to continue its commitment to drug-free schools in fiscal year 1988.

The drug crisis in America is much too important and much too deserving of our careful attention to be treated in the haphazard fashion of the last 4 months.

I hope this hearing will provide an opportunity to carefully examine the need for services and to determine the most appropriate means of paying for them.

CONCLUSION OF HEARING

Senator CHILES. We thank you very much.

Senator D'AMATO. Mr. Chairman, before you recess, I simply again want to reiterate my deep respect for Dr. Macdonald. He has been truly one of the unsung heroes. His has not been an easy job, and I am deeply appreciative of his efforts.

Again, Mr. Chairman, let me personally thank you for your tenacity, for your keeping your eye on the ball, for your not letting this be a forgotten or a broken promise, for your commitment in terms of really raising the battle against drugs for our youth and for the salvation of our country. I personally thank you on behalf of my constituents and on behalf of our colleagues.

Senator CHILES. I thank you. I thank you for your attendance here and for all of the efforts that you have given and continue to give. I look forward to continuing to work with you in the future.

Thank you all very much. We will recess the hearing.

[Whereupon, at 12:15 p.m., Thursday, January 29, the hearing was concluded, and the subcommittee was recessed, to reconvene at the call of the Chair.]

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